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A Turning Point

The General Meeting of the Canadian Nurses Association which will assemble within a few days in Winnipeg marks a turning point in the history of nursing in Canada. Never in any previous biennial period have such urgent and far-reaching problems presented themselves. Never before have such momentous decisions been made or such significant action taken. The outcome of the deliberations at this meeting will have a profound effect upon nursing in Canada for many years to come.

Anyone who has had the privilege of watching the development of the Canadian Nurses Association through the years must of necessity be impressed by the stature which it has now attained. It has already accepted heavy responsibility and has rendered great service not only to its own membership but to the community at large. The Canadian Nurses Association, young in years but mature in judgment, looks forward with confidence and hope to the performance of new and even more difficult tasks.

From the earliest days, *The Canadian Nurse* has been an important factor in the life and growth of the Association which owns and publishes it. Its objectives were defined at the 1934 general meeting of the Association and a summary of them follows:

1. To reflect, interpret, and integrate the thinking of Canadian nurses;

2. To afford a means for dignified publicity concerning the activities of the Canadian Nurses Association;

3. To act as a stimulus toward intelligent study of nursing problems — professional, educational, and economic;

4. To serve equally all the branches of nursing service and to avoid narrowness and sectionalism;

5. To be of service to all Canadian nurses and especially to those who practise their profession in isolated and remote parts of our country;

6. To interpret the aspirations and ideals of Canadian nurses to nursing groups in other countries.

While it is obvious that the *Journal* has not yet fully attained these objectives, the women who in turn have served it in an editorial capacity have done their utmost to achieve them. I am happy and proud to have had the privilege of being one of that honourable company.

The *Journal*, like the Canadian Nurses Association, is now entering upon a period of rapid growth and expansion which calls for young and vigorous leadership and, in appointing Miss Margaret Kerr as editor, the Association has made sure that the direction of the *Journal* will be in thoroughly competent hands. In relinquishing my duties, I wish my successor all happiness and success and congratulate her on the opportunity thus afforded her of making the *Journal* entirely worthy of the nurses of Canada.

— E. J.

The Mary Agnes Snively Memorial Medals

In memorializing the Founder of the Canadian Nurses Association at the forthcoming biennial meeting, three members will be awarded the medal bearing her name — Mary Agnes Snively. These women have distinguished themselves by their faithful and outstanding contribution to nursing.

The policy of the Association is that "three medals should be awarded at each biennial meeting of the Canadian Nurses Association to nurses whose work exemplifies Miss Snively's ideals of nursing and service". Each provincial association submitted names of women whose personal and professional lives have indeed met the standards laid down by the Founder of the Association.

It is with particular pleasure that the committee submits the names for the 1944 award, as endorsed by the executive. This is the fifth occasion on which the Canadian Nurses Associaion has bestowed this honour on three of its members and the affectionate congratulations of the C. N. A. and provincial associations go out to the recipients — Marion Lindeburgh, O.B.E., president of the Canadian Nurses Association; Helen Randal, for many years editor of *The Canadian Nurse;* and Ruby Simpson, O.B.E., president of the Canadian Nurses Association from 1934 to 1938. They justly merit the highest ward within the gift of the Canadian Nurses Association.

GRACE M. FAIRLEY
Convener
Mary Agnes Snively Memorial Award Committee.

Marion Lindeburgh, O.B.E.

Viking blood tempered by the hardships and vicissitudes of life in Saskatchewan produced Marion Lindeburgh. With such a beginning one would expect courage, perseverance, and love of adventure, and that is just what one finds in abundance in Miss Lindeburgh's character.

Barrie has said that courage is "the lovely virtue — the rib of himself that God sent down to his children", and to know Miss Lindeburgh is to realize the truth of this observation. This "lovely virtue" has made her a staunch friend, a beloved teacher, and a leader in the nursing profession in Canada.

Courage grows out of experiencing many situations in life and Marion Lindeburgh's adventurous spirit has led her to explore many fields. After several years of teaching in Saskatchewan, she set out for New York, there to enter St. Luke's Hospital School for Nursing. Upon graduation she became a head nurse and later night superintendent in St. Luke's.

In 1922 Miss Lindeburgh's pioneer spirit asserted itself and she returned to her native land, there to travel Saskatchewan's dusty trails carrying the gospel of good health to rural schools. She was soon appointed instructor in Health Education in the Regina Normal School, and her work there marked the beginning of one of the finest school health programmes in Canada. No one can travel in Saskatchewan today without meeting school nurses and teachers who carry in their hearts the spirit of Miss Lindeburgh's work.

Miss Lindeburgh left Saskatchewan in 1929 to accept the position of assistant to Miss Harmer, the director of the McGill School for Graduate Nurses. Four years later, after the death of Miss Harmer, Miss Lindeburgh became director of the school. The years that followed were packed with work, responsibility, and fun wedged into small corners. Miss Lindeburgh obtained both the degrees of Bachelor of Science and Master of Arts from Columbia University. In 1934 she became the convener of the Nursing Education Section of the Canadian Nurses Association, and for eight years skilfully directed the studies undertaken by this committee. A distinctive contribution of this committee was "The Proposed Curriculum for Schools of Nursing in Canada" and the "Supplement to the Curriculum", and for both Miss Lindeburgh was largely responsible.

Summers have been busy times, too, for Miss Lindeburgh, for she has assisted in summer refresher courses given by Provincial Associations across Canada, and besides, she has found time to slip away for a few holidays in quaint obscure spots where she relaxed in building rock gardens, cycling, tramping and swimming.

MARION LINDEBURGH, O.B.E.

As president of the Canadian Nurses Association for the past two years, Miss Lindeburgh has brought us through some trying times, and has worked indefatigably to meet the nursing problems arising from the stresses of war. She has transferred to the members of the Association her high ideals of service to the people of Canada. Her warm personality, her kindness and thoughtfulness have endeared her to her friends, students and co-workers.

Marion Lindeburgh is one among those fearless and generous women "who take upon themselves the task of spreading their foliage over bold and generous horizons". She has "set her stone" and is contributing to the building of the world.

— RAE CHITTICK.

Helen Randal

Helen Randal has been chosen by the members of the Canadian Nurses Association as a recipient of the Mary Agnes Snively Memorial Medal. Those who have worked with Miss Randal during the past thirty years and know of her contribution to nursing, rejoice with her.

Miss Randal is an alumna of the School of Nursing of the Royal Victoria Hospital having graduated in 1903. Immediately following the completion of her course, she was appointed head nurse of the out-patient department and the eye, ear, nose and throat operating room. She did some private duty nursing and later became superintendent of nurses at the City Hospital, Rutland, Vermont. For five years Miss Randal held the position of superintendent of nurses of St. Luke's Hospital, San Francisco, and in 1912, returned to Canada as director of nursing at the Vancouver General Hospital, where she remained till 1916. From then until her retirement, Miss Randal gave generously of her time to the organization and development of nursing. It was in no small measure due to her efforts that the Act of Registration in the Province of British Columbia came into being and it is interesting to know that at the invitation of a provisional committee of nurses in the province of Quebec, she met with them and assisted in the organization of the Association of Registered Nurses of the Province of Quebec. That meeting was held in the club room of the "Canadian Nurses Association" on Dorchester Street in Montreal, and played a part in ultimately having the name of that Association changed to the "Montreal Graduate Nurses Association". This cleared the way for the National Association to adopt its present title instead of the original and rather cumbersome one of "Canadian National Association of Trained Nurses".

HELEN RANDAL

When the Canadian Nurses Association took over *The Canadian Nurse* from a commercial firm, Miss Randal was appointed editor, a position which she held until 1924. She was a charter member and second vice-president of the Graduate Nurses Association of British Columbia and president from 1912 until 1918, resigning to take over the duties of registrar following the passage of the Registration Act. She served as registrar and inspector of schools of nursing from 1918 to 1941 and was a member of the Council from its inauguration until she retired. Miss Randal was also president of the parent nursing organization in Canada — the Canadian Society of Superintendents of Training Schools, later known as the Canadian Association of Nursing Education.

Helen Randal was always an individual thinker, original and courageous when courage was necessary. Her greatest contribution to nursing was undoubtedly in her adopted province of British

Columbia where for many years she was closely associated with the late Elizabeth Breeze in the development of nursing on a truly professional basis.

It will give a particular sense of pleasure to Miss Randal's many friends that she has been chosen to receive this award. She was personally known to, and worked with, Miss Snively in the early days of nursing organization in Canada.

— GRACE M. FAIRLEY

Ruby M. Simpson, O. B. E.

It is always a pleasure to write a citation for an outstanding award; to write one for the award of the Mary Agnes Snively Medal to Ruby M. Simpson is a special opportunity to say publicly what one has thought and felt for many years.

Miss Snively was an illustrious daughter of Canada; Miss Simpson is an outstanding example of the vigorous womanhood of the Canadian prairies.

Miss Simpson was born in Neepawa, Manitoba, and it was there she received her early education. Later, she graduated from the Winnipeg Normal School and was appointed to the teaching staff of the Winnipeg public schools. Her teaching experience was the best possible foundation for her later work.

After five years' successful teaching, Miss Simpson entered the Training School of the Winnipeg General Hospital, from which she graduated in 1919. Soon after graduation she started her career in Saskatchewan, first as a staff member of the School Hygiene Branch of the Department of Education, then as instructor in school hygiene in Saskatoon Normal School. In 1922, she was appointed director of the School Hygiene Branch. In 1928, health work in the schools was taken over by the Provincial Department of Health, and Miss Simpson was made director of public

RUBY M. SIMPSON, O.B.E.

health nursing. She is now in her twenty-fifth year of service in Saskatchewan. Those who are familiar with the sound, progressive work that has been shaped under her guidance, realize the conspicuous achievements of Miss Simpson in her life work.

In addition to her basic training, Miss Simpson had had several periods of study and observation. In 1924, she took a summer course at Columbia University, New York; in 1928 she spent four months on a Rockefeller Travel Fellowship in the United States and in 1929 she had a three months' period of observation in public health work in England. Miss Simpson took these courses because she believes strongly in professional growth. No doubt, they have been factors in developing the liberal point of view which she undoubtedly possesses.

Simultaneously with her work in public health, Miss Simpson gave skilled leadership to nursing organization in Saskatchewan. For five years she was president of the Saskatchewan Registered Nurses Association. She held this position until the richly deserved hon-

our of the presidency of the Canadian Nurses Association came to her in 1934. For four years she gave devoted and wise leadership to the national organization and became known to the nurses of Canada as a woman of purpose and driving force. Miss Simpson, the president, was explicit, direct, and, at the same time, genial, and one has often heard it remarked that it was a pleasure to be associated with her.

It was during Miss Simpson's presidency that the meeting of the International Council of Nurses was held in London in 1937. At that conference, Miss Simpson represented the nurses of Canada with distinction. It was a matter of universal satisfaction to Canadian nurses when the Order of the British Empire was conferred on Miss Simpson in 1934, by His Majesty King George V.

I have watched Ruby Simpson grow in knowledge, confidence and power from the time of her coming to Saskatchewan, — for the first few years at close range, later from a distance, — and I have seen my first estimate of her more than justified. That is always a supremely gratifying thing in a world that seems to hold too many disillusionments.

Miss Snively, I am quite sure, would have strongly approved of this vital daughter of the prairies. Miss Snively always admired the person of incisive, purposeful character, and the person willing to give herself wholeheartedly to her work.

Having known intimately the person in whose honour the Medal has been struck and the one to whom it is being given, I am convinced that the Mary Agnes Snively Medal could not be more properly bestowed.

— JEAN E. BROWNE.

Hunger Swelling

Famine conditions, an almost inevitable consequence of every war, are to be found at present in several regions where for two years the population has been showing signs of undernourishment. The outbreak of diseases due to a deficiency of vitamins in the food could have been expected but, as a matter of fact, cases of hypovitaminosis are not frequent either in France or Belgium. Nevertheless, an increase in rickets is reported owing to a deficiency of vitamin D and calcium in the food rations. Signs of factor B and vitamin C deficiency are exceptional; this is explained by the fact that wartime nutrition consists largely of foods containing these vitamins, in particular wholemeal bread, potatoes and vegetables.

The following are the salient characteristics of this curious malady: as a general rule it attacks persons over 50 years of age, usually men who have become very thin and are obliged to perform heavy labour. The swelling appears at the ankles, reaches the legs, extends to the thighs and may develop considerably. It is preceded by polyuria, a symptom which frequently persists during the period of swelling. The heart rhythm slows down to 50 or 60 beats a minute, a fact that shows that hunger swelling is not related to cardiac insufficiency. Sometimes the disease is not serious; if the patient is put to bed the swelling subsides and, after a few days of proper nourishment, he recovers. On the other hand, hunger swelling is frequently persistent and is liable to recur at the slightest sign of fatigue. In certain cases the disease is aggravated, complications ensue and the patient dies of cachexia and oedema.

In France, hunger swelling has made its appearance in internment camps, mental hospitals and prisons, and in communities where the food rations were insufficient, both as to quality and quantity.

As a general rule this deficiency syndrome is said to have its origin in an insufficent albumin ration, and in particular animal albumin. —*League of Red Cross Societies.*

Newer Methods of Treatment

TRENHOLM L. FISHER, M.D., F.A.C.P.

A consideration of newer therapeutic methods and drugs can well begin by remembering that only after such things have ceased to be very new, only when they are becoming generally applicable, can they be old enough to be of the greatest interest to those of us who are responsible for applying them at large. Except under research conditions where there are facilities to protect the people on whom they are used against untoward results, few new things should be used while they still are in the stage where *Time* and *The Reader's Digest* think it worthwhile to laud them. With that in mind, and the fact that new work and new preparations still are appearing constantly, I offer no apologies for beginning my talk with some remarks about sulphonamides.

Their discovery is not recent. One of them was isolated, tested and reported on by a German, Hoerlein, in 1908. He found that dyes with sulphonamides were more colour fast than others and that the colour fastness was because of the firm union between the dyes and the proteins of wool and silk. This suggested the drugs might react with bacterial protoplasm. Two or three were found to react thus and to have some anti-bacterial action. They appeared as urinary antiseptics. In 1932 Domagk, a pathologist, reported that the administration of prontosil protected mice against streptococcic septicaemia. Other reports appeared but roused little interest till English workers in 1935-1936 reported their results with sulphanilamide in streptococcal and meningococcal infections. Then came the discovery of a compound that changed our whole conception of pneumonia and since then medical literature has abounded in reports of new and old compounds. We are going to confine ourselves to the ones in current use.

All of these drugs possess some bacteristatic or bactericidal power in the test tube, but all are more active in the body. Various theories have been advanced to explain this action. One is that the drugs are oxidized and the oxidation products act on bacteria, not to kill them but to prevent multiplication. It is interesting that one end-product of bacterial activity, in the presence of oxygen, is hydrogen peroxide, and one theory is that the sulphonamides prevent or slow down the removal of this substance which, in turn, inhibits bacterial activity. You will notice that no theory postulates actual killing of the organisms or special stimulation of body cells to kill the organisms. And it is thought this does not happen. Probably the bacteria are disposed of by leukocytes in the usual way, their work being aided by the fact that bacterial growth and multiplication are prevented.

Sulphanilamide, sulphapyridine, sulphathiazol and sulphadiazine are the sulphonamides best known. We should remember also sulphaguanidine and sulphasuxidine, intestinal disinfectants, absorbed but little, possessing many advantages and few disadvantages but applicable to a limited number of conditions, colitis, pre-operative preparation for surgery and a few others. In spite of the limited use now it should be remembered that sulphanilamide does control streptococcal infections, indeed it is reported that in streptococcal meningitis it still is the drug of choice. Sulphapyridine which is effective against pneumococci, gonococci, meningococci and streptococci, to name the most important organisms, suffers from the disadvantage that it produces sufficient

nausea and vomiting to prevent its use when other compounds will serve equally well. Nevertheless it does diffuse into the spinal fluid with ease and has a field of application there in cases where its more popular relative, sulphathiazol, is unsatisfactory. This compound however is more universally applicable, exerting its effect on the same organisms and to a slight degree staphylococci. It causes little nausea and can be used widely. Gradually it is being superseded by the newer compound sulphadiazine with the same range of action and some more advantages. It is more slowly absorbed, more slowly excreted so its action lasts longer, little nausea and vomiting is caused and toxicity is relatively low.

All of the series may be used by mouth, intramuscularly in their soluble-sodium-form as well as intravenously and locally in wounds. In the blood stream they exist in two forms, an acetylated form, that is, a form in chemical combination and therefore inert from a clinical point of view, and a free form. The amount of free sulphonamide in the blood stream can be measured and we know the approximate concentrations at which best results will be obtained, in general 8-10 mgms, of drug per 100 cc. of blood. All are excreted by the kidneys both in the acetylated and free forms. The acetylated form, in crystals, is responsible for some kidney damage, haemorrhage and anuria, and the free form in the urine for the bacteristatic properties which are valuable in the treatment of pyelitis and genito-urinary infections generally. It is interesting that these drugs reach higher concentrations in the urine than in the blood and therefore can be given in smaller dosage in the treatment of these conditions.

Now, what are the signs of toxicity, the danger signs, in the use of sulphonamides? First it needs to be said that these drugs are like any powerful weapon, dangerous as well as powerful. They cannot be used indiscriminately without trouble, and our government has recognized this fact and placed them on the list of drugs which can be obtained only on prescription, thus reducing the dangers of self-medication with them. The commonest signs of poisoning are obvious, fortunately, haematuria and skin rashes. Nearly all cases receiving sulphonamides have some blood, microscopic in amount generally, in their urines; this may be regarded as safe and need not be worrisome, we cannot see it anyway! When, however, the amount becomes large enough to be macroscopic, visible to the naked eye, it is a sign of danger and the drug should be stopped. Likewise the administration should be stopped on the appearance of any skin rash. The rash varies, perhaps commonest is the papular-measly-rash. All patients known to be getting sulphonamides should have their skin inspected frequently for rashes and their urine examined for blood. The rash may be caused by a sensitization to the drugs and this fact argues most strongly against their indiscriminate use. Why turn on a mild tonsillitis a weapon capable of controlling a much more severe infection, when by so doing you shorten but a little a mild infection and at the same time run the risk of sensitizing the patient against the drugs so they may not be available for a very severe infection later. This reasoning helps to an understanding of the current thought that sulphonamides, with rare exceptions, should be used only where their efficacy is known, where they are necessary. Then they should be used in full doses and their use should be stopped as soon as possible.

Some mental effects are common. Oftenest it is little more than a slight depression but it clouds the judgment in enough cases that people should be discouraged from making any business commitments of a long-term nature while they are receiving any of the

series. I have been told that at least one railway in the United States does not allow a conductor or engineer to be in charge of a train for seven days after he has taken any sulphonamide. The appearance of bruises or purpuric spots suggesting purpura is another danger sign and physicians should watch for a drop in either white or red cell counts.

If one thinks only of the revolution in the treatment of pneumonia, the startling drop in mortality and our changed opinion of the disease since the advent of these drugs it is apparent that they are invaluable additions to our "bag of tricks". Actually, few other things have so revolutionized the treatment of so many killing diseases. However there are infections in which it is known the sulphonamides are without beneficial effect, pneumonitis of unknown etiology — virus pneumonia of which we are seeing so much of these days, to cite but one. In these conditions not only have they no beneficial effects but they can do harm. They should not be used. There is no advantage in adding nausea, vomiting and mental depression to an illness when no benefit can be derived by so doing.

Now consider haemolytic anaemia of the newborn. Here is a disease which causes the death of some infants due to a rapidly progressing anaemia. It does not conform to any developmental anomaly known. It is the condition often called in its severe phase erythroblastosis foetalis. Levine isolated a factor in the blood, the Rh factor, which is possessed by 85% of people and is absent in 15%, and is an inherited quality. Further work showed that the mothers of children having haemolytic anaemia were almost always Rh negative, that is, they did not possess the Rh factor, and that the infants themselves and their fathers almost invariably were Rh positive, that is, they did possess the factor. It was noticed as well that no first child ever had the disease; it always was a second or subsequent child. This suggested the explanation that the haemolysis might be caused by an acquired sensitivity. It suggested that the child of an Rh negative mother inherited Rh positive blood and the mother became sensitized by her first Rh positive child. As a result of her acquired sensitivity her blood caused haemolysis of the blood of her next Rh positive infant so that before and after birth its red cells were haemolysed rapidly enough to cause death.

That much is part of our increasing knowledge of haemolytic anaemia of the newborn. It has an application to treatment. When these infants are transfused with blood that happens to be Rh positive, the antibody that caused the haemolysis originally acts on the Rh positive blood, the infants become more jaundiced and the blood count falls rapidly, so rapidly that often it is considered unwise to transfuse although the infants may die without the blood. If, however, Rh negative blood be transfused into the infants the Rh factor is not present, no haemolysis results, the increase in blood count caused by the transfusion is maintained and the infants recover. Lives are going to be saved by this knowledge. Now it is known also that if an Rh negative person be transfused with Rh positive blood the same sensitivity may develop as develops in Rh negative mothers and subsequent transfusions of Rh positive blood will be followed by reactions which are unrelated to the main blood groups. So by testing for Rh negativity all mothers who need transfusions and all individuals who are to receive multiple transfusions more lives will be saved.

More important because it is more common is haemorrhagic disease of the newborn. This condition is the one in which an infant a few days after birth begins to bleed either visibly or into a body cavity or into the brain or skull. Death often follows. Some reasons are known now connected with Vitamin K

and we will consider them. Blood clots because prothrombin and thromboplastin in the presence of calcium form thrombin which with fibrinogen forms fibrin, which is the actual clot and the reason bleeding stops. With the knowledge of Vitamin K came the discovery that in its absence prothrombin could not be formed. In the normal infant what seems to happen is about as follows. A little vitamin K, sufficient for immediate needs, is derived from the infant's mother. When this is gone the prothrombin level falls off a little. As the gastro-intestinal tract of the infant acquires its normal bacterial flora the organisms help in the production of vitamin K, after which the prothrombin level, about the sixth or seventh day, begins to rise again. Under ordinary circumstances the fall in prothrombin is not great enough to allow haemorrhage. Incidentally, isn't it fortunate that in spite of all our efforts we never have been able to keep the intestinal tracts of infants sterile, all of them might have bled to death. This is no attempt to suggest ordinary cleanliness should be ignored in the feeding of infants but it does make some efforts to "sterilize" mothers' breasts look a little silly. Apparently a little dirt is good! Sometimes though, a baby's supply of vitamin K is not enough, the fall in prothrombin is greater and haemorrhage follows. Or the infant's supply of vitamin K from the mother is sufficient but for some reason the infant cannot be breast fed and it is fed sterile food from a sterile bottle through a sterile nipple so that the intestinal tract acquires its bacterial flora more slowly than usual. The production of vitamin K therefore is slower than usual, the drop in prothrombin is greater and haemorrhage follows. In the light of our present knowledge one of two things may be done to prevent either of these. The mother, if seen more than four hours before actual delivery, should be given vitamin K by mouth or intramuscularly and she will pass along to the infant sufficient to supply it adequately till it is producing its own vitamin K. If seen later so that the vitamin cannot reach the infant from the mother the baby should have some administered to it intramuscularly. Results are definite enough and therapy is easy enough that an infant death from haemorrhage should be regarded as unnecessary unless it is known some other cause is responsible for the bleeding.

There is still another application of our knowledge of vitamin K. For a very long time it has been known that persons with obstructive jaundice had a tendency to bleed and in some cases to bleed uncontrollably. So marked is the haemorrhagic tendency that surgery often had to be forgone lest the patient bleed to death. The mechanism here is slightly different. Vitamin K, after formation in the intestinal tract, cannot be absorbed in the absence of bile. Patients whose jaundice is obstructive, that is in whom bile is not reaching the intestinal tract at all, cannot absorb the vitamin and therefore prothrombin cannot be formed in the liver. In these cases vitamin K may be given intramuscularly after which the prothrombin level will rise and the tendency to haemorrhage will decrease. Or it may be given by mouth, but remember that if given by mouth it still cannot be absorbed without bile so bile in some form must be administered with it, and usually is given as bile salts.

Let me now tell you of one other bit of knowledge which is being reflected in changed methods of treatment. Some of you will remember the old method of treating a patient with phlebitis. He was put to bed, the offending limb was elevated, heat was applied and he was kept as quiet as possible. We know now this was a standing, or lying, invitation to more trouble. The trouble often arrived in the form of pulmonary emboli. And the reason can be stated now. Phle-

bitis is an inflammation of a vein and when such an inflammation occurs in the veins of the leg, blood tends to clot over the inflamed area with the formation of a thrombus, a clot which will increase in length almost indefinitely. The slower the blood flow through the affected vein the larger and longer the thrombus. The finding of thrombi at post mortem measuring feet in length is not unknown. The problem then seemed to be one of increasing the rate of blood flow through the inflamed vein, thereby preventing the formation of a long thrombus. It was not nearly as hard as it might have been. Activity increases the rate of blood flow and, remembering that, the sensible thing becomes obvious. Keep the patients active during a phlebitis.

Thrombi and emboli occur after injury to veins, a blow on the leg for example, and outstandingly after surgery when patients are lying quietly in bed. Their quiet is due largely to pain which prevents movement, and is added to by the fact that we have developed a convenient bed with a bend in the lower half to stop the patient sliding down. But, as well, this break in the bed bends the knees a little and slows the rate of blood flow still more. Therefore with the post-operative patient the lower break of the Gatch bed should be used as little as possible, there should be massage to increase the blood flow, and in cases where thrombi are feared the patients should be encouraged to take the bicycle exercises in bed. It always is surprising how little this hurts even the patient with an abdominal wound, and it does increase the rate of blood flow. When phlebitis occurs in an otherwise well patient it is enough merely to bandage the leg so that the vein may be given support, and instead of encouraging the patient to lie in bed, encourage him to walk about. It is as simple as that, and in both cases emboli to the lungs are reduced in frequency.

Editor's Note: The full text of this article originally appeared in "The Forum", the official organ of the Victorian Order of Nurses for Canada. It is reprinted in an abridged form with the kind permission of the Acting Chief Superintendent.

A Message to Canadian Nurses who Served in South Africa

The following message, dated February 14, 1944, has been received by the editor of *The Canadian Nurse* from Colonel Lewis S. Robertson, Commanding Officer, Military Hospital, South Africa:

On the eve of relinquishing the Command of the premier South African Military Hospital I would like to record my appreciation of the great and noble services rendered to South Africa by the Canadian Nurses who in 1941 and 1942 volunteered for service in this country at a time when the call for trained nurses was one of urgent need.

These noble women from your country who answered the call will always be regarded with great respect, admiration and affection. Their devotion to duty, their fine spirit of service and their cheerfulness were outstanding features which won for them the admiration and thanks of the patients whom they served and the administrative staff who had to allocate their duties.

South Africa has claimed for its own several of these fine women and would have liked to have retained them all. There are still some of the nurses with us and when the time comes for them to return to their native land the loss will be ours.

South Africa thanks Canada for this great contribution.

Further reference to this very fine tribute will be found under the caption of *Notes from the National Office.*

Research in Typhus

The International Health Division of the Rockefeller Foundation began laboratory research in typhus in 1940, and soon afterward a field worker was sent to Spain to study on the ground the epidemic active in that country. As the war spread, the work in Spain had to be stopped, but continuous study was given to three new strains of typhus brought back from Spain to the laboratory in New York. Twenty thousand people in Madrid were vaccinated with one of the earlier types of typhus vaccine. But the results were inconclusive. Moreover, two doctors on the staff of the Foundation contracted typhus, although they had been vaccinated with supposedly the most effective type, and the feeling grew that the main defense against this disease must still be the control of its insect vector.

In 1942, therefore, the Foundation, while continuing its laboratory research, switched its main attack to the carrier of the disease: the body louse. A louse laboratory was opened on the East Side of New York; a stock of lice was obtained from a Bowery casualty who had just been admitted to Bellevue's alcoholic ward; and research was begun on two problems: first, the long-range task of unraveling the biology of the louse, and second, the more immediate question of devising quick and effective means of killing the insects and thus preventing infestation.

The second problem has progressed in a gratifyingly successful manner. A number of substances highly lethal for lice had already been discovered in various laboratories, but they required further testing under field conditions. Tests had been made in the Orlando Station of the Bureau of Entomology of the Department of Agriculture, and the Foundation collaborated by carrying the tests into the more distant field under a variety of social and climatic conditions. The first comprehensive test made by the Foundation was in a conscientious objectors' camp in New Hampshire. Out of a large number of volunteers, eager to co-operate, thirty men were chosen for the three weeks' experiment, each man being infested with 100 lice. Several chemical substances were tested on these men for their power to kill lice, and in general the results already noted in the laboratory were confirmed.

In co-operation with the Mexican health authorities, another test was made in five villages in Mexico, in one of which typhus was present. Technique improved with practice, and it was shown that a village population could be easily and completely sterilized as far as insect typhus carriers were concerned. Lice were effectively controlled and typhus disappeared from the infected village because there was no agent to carry it from one person to another.

In the summer of 1943 the Foundation, with the approval of the Army, sent a typhus team to Algeria where epidemics have recently raged. Two extensive demonstrations of louse control have been undertaken, and as a result a new technique is under development by which the insecticide is applied to individuals in a way which speeds up the process and makes possible the mass treatment of communities.

In the meantime, laboratory work is continuing on various strains of typhus in the hope of developing an effective vaccine. None of those now in use prevents infection in man, although experience seems to indicate that the attack is milder and the mortality lower in vaccinated persons.

— *The Rockefeller Foundation Review*

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Rotation in Relation to Clinical Experience

MARTHA BATSON

The nature and amount of clinical experience afforded to student nurses in schools of nursing depends upon the clinical resources of the hospitals with which these schools are associated. In hospitals where the services are segregated, the student's experience is broader and better balanced. Then again experience will vary in different hospitals and should be carefully analyzed, so that the nursing practice and its correlated theory will be co-ordinated. *Under ideal conditions, what principles should govern rotation?*

1. First of all, in assigning students for clinical experience, it must be remembered that, irrespective of hospital conditions, certain basic educational principles should be observed. The educational value of each assignment should be ever present, otherwise the student's clinical experience lacks that which is necessary to prepare her for her future task as a graduate nurse in the community.

2. The programme of clinical experience should be properly planned and students should be rotated in a systematic way. Their experience should be uninterrupted and only illness should be a valid excuse for interfering with the planned programme of theory and correlated practice.

3. In all hospitals with training schools there are certain obligations to the student nurse and, before a student begins her clinical experience, certain pre-requisites in practice and theory should be set up. The student is entitled to receive a minimum amount of experience in *every* department. She must not be handicapped in her professional career by the fact that she has missed an essential experience because, due to shortage of staff, she has been kept far too long a period in some particular service or perhaps has too often filled the gap when other departments fell short. Failure to receive adequate clinical experience in the essential services may interfere with her registration in other provinces or countries, and she may be denied access to postgraduate courses, especially in universities. The student, while not paying fees in terms of money, nevertheless pays for her training in terms of service and should be given opportunities to prepare herself to do good nursing.

4. If the hospital has not the facilities for clinical experience, affiliations must be sought, especially in the major services.

5. There must be a sound system of supervision of bedside care, and supervision includes much more than inspection. It should include guidance and instruction if the quality of nursing is to

be kept at a high standard. The responsibility for such supervision should be assigned to well qualified graduate nurses.

6. In order to prevent disorganization of the nursing service, too many students should not be introduced into a service at one time. It is very upsetting to the nursing service and reacts on the nursing care given to the patients. The quality of nursing service is maintained only when the standards of nursing education are adequate.

7. It must be borne in mind that the number of senior students assigned to a particular service should be adequate to give good nursing care to the seriously ill patients and that first-year students should be assigned to the chronic and convalescent patients. This plan can be carried out successfully by using the patient assignment method instead of the functional method.

8. Above all, it must be remembered than an ideal rotation schedule, planned on an educational basis, calls for a mobile graduate bedside nursing staff, who can supplement the student groups during class hours from time to time, by taking over the nursing service.

Who should be responsible for the rotation of the student?

In most hospitals the school of nursing office is usually responsible for the rotation of students. It has been the special function of either the first or second assistant, and in smaller hospitals has been carried out by the superintendent of nurses. This function can also (all things being equal) be performed in the teaching department by the educational director or one of her assistants, provided there is close co-operation between the training school office and the teaching department. The advantage of the latter method is that, in the teaching department, the theoretical knowledge of the student is better known and the correlation of theory and practice can therefore be better planned.

The teaching department must have sufficient well qualified staff with enough time at their disposal to deal with these responsibilities. There must also be close co-operation between the teaching department, the head nurses and the ward supervisors, as it is most important that they all know something of the student's theoretical background. It is also essential for the person who rotates the students to know whether the facilities in the respective departments really give the student adequate clinical experience. Nursing education and nursing service are so integrated that the standards of nursing should be expressed in good nursing care, otherwise nursing education is a waste of effort.

Rotation from the hospital's point of view:

The shortage of nurses prevailing in civilian hospitals today makes it almost impossible to meet the obligations outlined above. Staffs are depleted and there is a lack of qualified personnel. A shortage of general duty nurses and the constant turnover of both professional and lay workers renders it difficult to give the highest type of nursing care to the patient and to make sure that the educational needs of the student are fulfilled. Many hospitals find it extremely hard to arrange for affiliations which take students away from duty in the home hospital because it is almost impossible to obtain sufficient general duty nurses to stabilize the nursing service.

Special problems and how to overcome them:

In every school, some problems are bound to present themselves. There may not be enough patients to give sufficient experience to the student or the service may be seasonal in character as in communicable diseases. Even the main services may be lopsided and often there is too much surgery and not enough medicine. There may be a lack of necessary materials and equipment with which to work and there may not be enough

time to carry out nursing procedures thoroughly. All these conditions interfere with high quality nursing care.

Illness may interrupt a student's experience and it may be difficult to arrange for this at a later date. Sufficient graduate nurses may not be available and vacant staff positions mean that there are fewer persons to share the responsibility of the ward. Generally speaking, this situation will result in an increased load for the students. In spite of all these obstacles, insufficient clinical experience can be reinforced to some extent by intensive bedside clinics and by utilizing every opportunity to broaden the students experience on night duty as well as on day duty. This involves much planning on the part of the head nurse or supervisor, but she owes it to the student.

Even if experience in certain organized services is denied the student she frequently comes into contact with psychiatric patients and tuberculous patients on the medical and surgical wards. Much experience could be gained in both if the patient assignment method is used and nursing clinics are held frequently. Experience in the outpatient department also offers opportunities to observe patients attending the psychiatric clinic as well as affording an insight into public health and community welfare.

The Block System:

If it were possible to introduce the block system, the whole course could be enriched, strengthened and integrated, and rotation greatly facilitated.

What is the block system? Briefly stated, this system permits the withdrawal of students from ward duty at regular intervals in order that they may be free to devote most of their time to lectures, classes, demonstrations, clinics and intensive study. For a long time it has been recognized that the concurrent study of the theory and practice of nursing has been unsatisfactory. Lectures and classes are sometimes taken during what should be the student's free time thus depriving her of rest and recreation. Very often the student nurse is too weary at the end of the day to do any real studying.

Under the block system, students in some schools are completely relieved from ward duty. In others, the system has been so modified as to allow the student to be on duty for a short time each day while devoting the greater part of her time to the programme of related theoretical instruction. The "block" usually extends over a period of seven or eight weeks in each year. This modified plan has the advantage of ensuring correlation between theory and practice.

Instead of attending lectures and class once or twice weekly over a long period of time, theoretical instruction is completed in a much shorter period thus giving the student more opportunity to enrich her knowledge in the clinical field. Her free time is not interfered with and a much better sequence of experience can be assured.

Modified use of the Block System:

At this point it might be helpful to examine the manner in which the rotation of students is carried on in the School of Nursing of the Montreal General Hospital. The plan is far from ideal and has to be modified frequently in order to meet the adverse conditions which exist in all civilian hospitals to-day.

Rotation is carried out in the teaching department by the educational director. Each year is divided into two semesters and classes are admitted twice yearly in September and February. All lectures and classes are repeated twice in each calendar year. The patient assignment method is used in our wards instead of the functional method.

The general outline of clinical experience is as follows:

First Year:

Preliminary course: 20 weeks
Junior medical nursing: 6 weeks
Junior surgical nursing: 6 weeks

Eye, ear nose and throat: 6 weeks
Private patients: 8 weeks
Intensive course in classroom: 3 weeks
Vacation: 3 weeks
Second Year:
Diet kitchen: 6 weeks
Urological nursing: 7 weeks
Gynaecological nursing: 7 weeks
Nursing in communicable diseases: 8 weeks
Pediatric nursing: 13 weeks
Operating room: 8 weeks
Vacation: 3 weeks
Third Year:
Obstetrical nursing: 13 weeks
Out-patient department: 6 weeks
Private patients: 6 weeks
Senior medical nursing: 13 weeks
Senior surgical nursing: 11 weeks
Vacation: 3 weeks

The preliminary course lasts for 20 weeks and consists of 16 weeks in the classroom and 4 weeks on the wards. At the beginning of the fourth week the students are assigned to the wards in the morning for one and a half hours daily for five days a week, three hours on Saturday and six and a half hours on Sunday, a total of seventeen hours weekly. This gives the student an opportunity to correlate her classroom teaching with ward practice. During the next four weeks, she is assigned to the ward for full time duty. This period is very valuable, as the head nurse or supervisor has an excellent opportunity to observe the student and to determine whether she adjusts herself in a satisfactory way. Furthermore, the student has ample opportunity to decide whether she likes nursing well enough to continue before she is accepted.

The sequence of the services varies from time to time. For example, some students rotate to senior medicine and surgery in the second year instead of the third because the question of affiliations comes into the picture here. The School maintains an affiliation with four other hospitals in order to obtain additional clinical experience in pediatric and orthopaedic nursing, nursing in communicable diseases, and obstetrical nursing. Over a three-year period, thirty-six students, drawn from the second and third year, are absent from the home school in order to avail themselves of these affiliations. This creates a problem in arranging for attendance at lectures and classes.

The student is first assigned to night duty during the latter part of the first year for a period of from six to seven weeks. In the second year, the duration of the period is increased from eight to ten weeks.

All students complete the course in senior dietetics before being assigned to the diet kitchen. As a rule, medical lectures are completed before students take their affiliation in communicable diseases and have some experience in senior surgery before being assigned to the operating room. Lectures in pharmacology begin in the sixth month, preceding the medical and surgical lectures, which are given at the end of the first year or thereabouts.

The Intensive Course (a modified form of the block system) is given in the tenth month of the first year. The students return to the classroom for two or three weeks of study in the following subjects: advanced nursing (practice, theory and ward clinics); senior dietetics; review classes in anatomy and physiology; health and social aspects of nursing. Lectures are given on metabolism, and on professional adjustments as well as on the nursing principles underlying case studies. The students are not assigned to any ward duty during this intensive course.

During her experience in the out-patient department (usually about six weeks) the student rotates through the various clinics spending a week in each. Here she comes into contact with a great variety of patients. Concurrently with her assignment to the children's clinic, visits are made to the well baby clinics of the Child Welfare Association. The

out-patient department offers one of the most valuable experiences which any school of nursing can offer to its students.

Conclusion:

The Montreal General Hospital plan for rotation is far from perfect and has often to be modified in these difficult days in order to meet the changing conditions which confront us. But the plan described above does give the student varied experience and many opportunities of assuming responsibility during her period of training. We try to place before her the importance of gaining a rich experience so that she can make a valuable contribution to the well being of the patient by giving the highest type of nursing care at all times.

The New Matron-in-Chief

The appointment is announced by the military authorities of Dorothy Isabel MacRae as Matron-in-Chief of the Royal Canadian Army Medical Corps Nursing Service in Canada. Lt. Col. MacRae, whose home is in Gould, Quebec, received her education in her native province. She is a graduate of the School of Nursing of the Montreal General Hospital and has had considerable experience in both the teaching and supervisory field. Shortly after her graduation in 1927 she became instructress in the School of Nursing of the Medecine Hat General Hospital and was later appointed supervisor in the surgical division of the outdoor department of the Montreal General Hospital. Subsequently she served successively as assistant night supervisor in the Central Division and the Western Division of the Montreal General Hospital.

At the time of her enrolment for military nursing service, Miss MacRae was serving as Matron of the Anson General Hospital in Iroquois Falls, Ontario. She enlisted with the R.C.A.M.C. in October, 1940, and proceeded overseas as Matron of No. 1 Canadian General Hospital. She was stationed near Coventry until the Hospital moved to the southern part of England in November, 1941. Matron MacRae was appointed Principal Matron in the office of the Matron-in-Chief, Canadian Military Headquarters, in May, 1942. She returned to Canada in September, 1942, as Principal Matron in the office of the Director General of Medical Services.

Those who have been associated with Lt. Col. MacRae in both civilian and military service speak of her as a competent administrator and as possessing

MATRON-IN-CHIEF
DOROTHY I. MACRAE

the happy faculty of creating a harmonious and congenial atmosphere wherever her duties may happen to lie. The value of the contribution she has rendered since joining the Nursing Service of the Royal Canadian Army Medical Corps was recognized in the 1944 New Year's Honours list where her name appeared as having been awarded the Royal Red Cross.

Her military and civilian colleagues will join the nurses of Canada in wishing the new Matron-in-Chief all happiness and success.

An Indomitable Spirit

Canadian nurses who have had the privilege of visiting the headquarters of the British College of Nurses will be sorry to hear that this beautiful building sustained severe damage during an air raid. Fortunately there was no loss of life and, as might have been expected, the indomitable spirit of the President of the National Council of Nurses of Great Britain was in no way daunted. The following paragraphs are quoted from the story of the disaster as told by Mrs. Bedford Fenwick in the *British Journal of Nursing*:

For weeks past those of us living in this district of the metropolis have listened for many nights to alerts — the crack of guns and the relief of the siren.

On an early morning in February we were awakened by guns crashing overhead, the tinkling of glass, and then, almost on the threshold, the thud of Doom, as a high explosive bomb fell on a mansion close by, set it flashing in flames, with death in the offing, and shattering surrounding houses. Fate decreed that this murderous bomb crashed on the splendid mansion directly opposite to the British College of Nurses, with the result that our beautiful Headquarters was blasted savagely and riddled with destruction.

The stairs stood up, so up to the top we climbed to take stock of loss, and then we realised the chance of fate, or was it the organised resistance of the apparently inanimate? We know how many metals are in constant motion imperceptible to the human eye.

First, we stepped into the room where, on metal shelves, the previous archives of nursing history for half a century are stored. The ceiling was partly strewn on the floor, but not one volume or parcel of the British Journal of Nursing had moved an inch. *J'y suis, j'y reste!* A good omen, indeed. Then we sought, in the general mêlée, items of special value; and it is almost incredible that in the general wreckage, ruined by blast, that specially precious items still stood in their places.

When one saw large pieces of furniture hurled around in a general whirl of destruction —far beyond repair — everything covered with half an inch of black destructive dust, the wonder of the contempt with which these works of art had withstood the blast was indeed a marvel, and a lesson to those of faint heart.

What of the future? One little room at the end of the hall remains intact, and here the work must be carried on from day to day. One thing is certain: not an iota of its programme, or of its duty to Fellows and Members will be lost sight of for a moment; and it may be that the future of the College will emerge from this blast with greater determination than ever, that its unique work for the Registered Nurses of Great Britain, in claiming that they shall enjoy self-government and financial security, will be attained in spite of the enemy abroad, whose policy of tyrannical control will be resisted with all the British pluck which instinctively inspires our policy — *J'y suis, j'y reste!*

British pluck, indeed!

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Registrar Answers the Telephone

PEARL BROWNELL

What has the war, plus increased hospitalization, done to the registries? Just look back. Can it be that less than four years ago we would have two hundred nurses on call at one time and one's heart sank at the appearance of a newly graduated nurse ready to add her name to the already too long list of discouraged ones? Was there ever a time when every call was gratefully received and a request from a rural hospital or any other institution for a staff or general duty nurse was hailed with glee? Then, it was merely a matter of making a list of those eligible for the position and trying to decide which one was most urgently in need of work.

Now, one's heart still sinks, but for a different reason, as we peruse the long list of hospitals that are looking to us for the help so desperately needed. With the aid of many married nurses, we are able pretty well to take care of private duty and staff relief in the city. But the majority of nurses who are free to leave have gone into military service, or taken positions of one kind or another.

What kind of calls do we receive? Why are the phones seldom quiet? Picture a day recently when we started out with only fifteen nurses on call, but the end of the day showed fifty-seven calls filled. Sit with us at the desk for awhile—it's interesting.

Hello! This is St. Boniface Hospital. What nurses have we on call this morning? (*Similar calls follow from the other hospitals.*)

Hello! This is Mary Jones, will you please put my name on call again.

Hello! Dr. Brown speaking. Will you send a registered nurse at once to (*particulars follow.*)

Hello! This is Jane Smith speaking. About that case you asked me to go to. When I arrived the patient felt better and decided she did not want a nurse. It never occurred to her to cancel the call.

Hello! Long distance calling from Vita. Any hope of help this week? (*Similar calls come from other Provinces too.*)

Hello! Would you please tell me how to find three nurses I had with me last summer? I have lost the receipts they gave me and now require them for my income tax return. (*No one knows how glad we shall be when April 30 is past.*)

Hello! This is the General Hospital. Will you sent Miss B. at 4 p.m. for a surgical case of Dr. M's and ask Miss C. to come on at 12 midnight instead of 10 p.m.

Hello! Department of Indian Affairs calling. They are badly in need of two nurses at Norway House. Can you have them leave here Friday for LePas and from there they will go on by plane. Fare paid. Two of the regular staff are ill. (*We got them.*)

Hello! This is the J. L. Company calling. A man is very sick down here. Can you get us a doctor at once?

Hello! Will you get Dr. Jones for me. Yes, I tried his office, but the line is busy.

Hello! I want a doctor at once. I was boiling the bottles for my baby's feedings and when I poured the water off there was a bug in the bottom of the kettle. I want a doctor's advice.

Hello! (*A nice masculine voice*) There are three of us, strangers in town, down at the Royal Alexandra Hotel. Would you let us have the names of three nurses who would like to go dancing this evening? No? Too bad, but we understand. Thanks a lot.

Hello! Are you a nurse? Well, my doctor told me to give my child castor oil, but I forget how much he said. Could you tell me?

Hello! Could you send us a Victorian Order Nurse (*Referred to the V.O.N. office, because we only take their calls after 5 p.m.*)

Hello! Can you send us a practical nurse at once? There really is no nursing but my wife needs a rest. (*Maids are a minus quantity, but we do not run an employment agency, though the public seems to think we do.*)

Hello! The Municipal Hospital calling. Could we have five nurses for tomorrow morning. Of course we prefer permanent staff, but will take special floor duty for a few days — *or anything.*

Hello! Telegraph office calling. Wire from Flin Flon, urging us to send a nurse for the Company hospital. (*Positions in mining communities eagerly sought not so long ago.*)

Hello! (*Slightly inebriated voice*) I need a nurse right away. A doctor? I don't want a doctor, I just want a nice nurse. (*Most disgruntled that he cannot have one on his own terms.*)

Hello! I know you are short of nurses, so could I speak ahead for one for next Friday, when I am having an operation? I am very susceptible to infection so do not want one of those nurses who knows so little about technique that she wears her uniform on the street, as I see many doing lately. Also, I think the patients will have to take a hand in this matter of nurses coming on duty smelling of cigarette smoke, and also of smoking on duty. It is pretty nauseating to a sick person and most inconsiderate of the nurse. (*This, alas, is also a true story and happened last week.*)

Hello! This is Lieut. Blank calling. I just want to thank you for the grand nurse you sent when my wife and baby came home from the hospital. Say, she was tops. My, doesn't a baby make a difference? But she is worth it. We sure needed the help. (*A message like that helps us too.*)

This is a sample only. At the end of the day we decide to throw the telephones into the Red River and go home.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

The Fight against Venereal Disease

EFFIE LEPAGE

The campaign against venereal disease should receive the approbation and the help of the press, the radio and the pulpit in order vigorously to combat the false shame and the conspiracy of silence which tend to paralyse the efforts of our governments and to prevent the application of new scientific discoveries made by our doctors. It is through open publicity that the education necessary for the protection of the public against venereal disease will be accomplished.

Syphilis is a contagious, not a shameful disease. Even though it be true to say that, among those who have contracted it, a certain number are victims of their own bad conduct, many victims are absolutely guiltless. Whether guilty or innocent all must submit to treatment and be cured. The question does not concern the individual alone; rather, it is a social and humanitarian problem which involves the well being of the community at large.

Dr. E. Lalande, joint-director of the venereal disease division of the Ministry of Health of the Province of Quebec, has written as follows: "If syphilis is the problem of the health officer, of the philanthropist and of the statesman, it is even more that of the medical practitioner." I would add that it is also the nurse's problem in her educational domain. I am not referring only to the nurse who specializes in the treatment of venereal disease, nor to the medico-social worker. I am referring to the nurse in every field: the nurse who works in hospitals, the public health nurse, the industrial nurse and the nurse in the doctor's office. Wherever she carries on her activities, it is the nurse's duty to educate the public, the patient, his family and friends, concerning the prevention of disease in general. This statement particularly applies to venereal diseases because, owing to the conspiracy of silence, these are the diseases about which most people know very little and therefore are least able to protect themselves.

When she is on duty in a private home a nurse can and must speak of public health and security. She can explain to fathers and mothers that syphilis is a disease that leads to blindness, deafness, paralysis and insanity. She can help the parents to realize that their grown-up son, who is at college or is a worker in an office or a war plant, should be made aware of the dangers which are a threat to the exuberance of his youth and of the means of avoiding them. The mother will talk the question over with her son and her daughter and they, find-

ing in the nurse a source of information and of truth, will confer with her, ask advice and inform themselves so that they in turn may speak freely and frankly with their fellow workers. They will thus learn not to be afraid of words but will discuss syphilis as they would any other contagious and infectious disease that can be treated and is curable, and not as a malediction that leaves the print of a stigma. The nurse, with her habitual deftness and knowledge, will make the whole family understand that syphilis is a disease to be combated and not one to be hidden.

Permit me now to quote an example that will serve to illustrate what has just been said. A routine blood test, made in a hospital, revealed that a poor mother was syphilitic. Upon visiting her, the medical social assistant learned that she was the mother of seven children, the oldest of whom was nine years of age and the youngest an infant of four months. The mother was apprised of her disease and of the danger of infecting her children. She was asked to allow them to be examined and consented, although the children were frightened, poor little ones! Of these seven children, the blood test was positive for the three younger ones.

Were these children or their mother guilty of any crime? Of course not. The mother was only a devoted wife who had done her duty accepting all that came to her. The crime was not hers but rather was the result of ignorance or of shame that had prevented her from admitting that she had a disease which she had contracted from her husband. All this is pathetic. On the one hand are the guilty, ruining their lives and health by their follies; on the other hand are the innocent who suffer, and even perish, without having deserved it. The condition of both calls for our sympathy and our help. Christian charity requires it.

In view of these facts it behooves us to do all we possibly can to destroy the false notion that syphilis is something that must not be discussed in public and that the "word" must remain ignored while the "thing" is causing such ravages. Syphilis is a most dangerous menace to the nation. Let us therefore make it our duty to participate in the education of our people. Our profession places us in contact with life and it is my experience that sick people will confide more willingly in the nurse than in the doctor. That is explained by the fact that the nurse spends many hours near her patient thus affording her an opportunity to study, to observe and to discover what seems to preoccupy him. Her kindness, her patience, a good word said at the proper time and upon the proper subject, her interest, her vigilance, her encouragement: all these great and fine qualities, that are the gifts with which the real nurse should be adorned, are placed at the disposal of her patient.

Surely, in the course of your career as a nurse, you will meet human beings who suffer from this terrible disease and who, upon learning of their condition, will suffer cruelly within themselves, will be terribly upset, and will think that they are at the end of everything. It is at that very time that you should explain their disease and its possible consequences for them and for their children. But at the same time you will assure them that they can be cured, that their place in the community will in no way be changed and that the respect of others to which they are entitled will be preserved.

You will persuade them to accept their responsibilities towards themselves and their families by submitting to treatment. When your good words have given them courage, they will begin to realize that a nurse, who knows the disease and its consequences, can be believed when she tells them that this is not the end of all things. Once they know that in all this, there is nothing shameful, that it is not

a punishment but a contagious disease and that there exists a treatment to cure it: then you will have accomplished a great deed of charity and have fulfilled a social duty worthy of yourself and of your profession.

You must explain the treatment to your patient carefully. Tell him that this is the only treatment that will cure him and persuade him to accept and to follow it. When, upon your advice and because of the confidence with which you have inspired him, he decides to assume responsibility and to submit to treatment, inform him about the clinics and how best he can follow them. He should be warned that treatment is not optional, for him to follow or not as he pleases. If he refuses, a legal remedy exists to compel him to follow it; however, it is only in the last resort that this legal remedy should be applied and then not until after all other means of persuasion have failed. Then the patient becomes a delinquent.

If your patient has understood you well, he will never become a voluntary delinquent but will submit himself for treatment with conviction and courage, being satisfied that he is not an outcast and knowing that the nurse is there to help and encourage him. In that way, he will discover himself to be a new man, stronger in his trial, calmer and better, morally at least, than before he became ill.

La lutte contre les maladies vénériennes

EFFIE LEPAGE

La campagne contre les maladies vénériennes devrait recevoir l'approbation et l'appui des journaux, de la radio et du clergé, afin de pouvoir combattre vigoureusement la fausse honte et la conspiration du silence qui tendent à paralyser les efforts de nos gouvernants et l'application des découvertes nouvelles de la science par nos médecins. C'est par les publications à pages ouvertes que l'on fera l'éducation nécessaire à la protection du grand public contre les maladies vénériennes.

La syphilis est une maladie contagieuse et non une maladie honteuse. S'il est vrai de dire que, parmi ceux qui la contractent, un certain nombre sont victimes de leur mauvaise conduite, d'autre part, un très grand nombre de ceux atteints de cette maladie sont absolument innocents; les uns et les autres, coupables et innocents, doivent être traités et doivent être guéris; ce n'est pas une question qui intéresse les individus comme tels; c'est une question sociale, humanitaire, qui intéresse la conservation et le bien-être de la société tout entière.

Dans le bulletin Sanitaire publié par le Ministère de la Santé et du Bien-Etre Social, juillet-août 1941, le docteur E. Lalande, directeur adjoint à la Division des maladies vénériennes au Ministère, de la Santé a écrit un article qui devrait être à la portée de tous ceux qui s'intéressent à la santé publique. Dans cet article le docteur Lalande s'exprime ainsi: "Si la syphilis est, comme on le dit, le problème de l'hygiéniste, du philantrope et de l'homme d'Etat il est aussi celui du médecin". Ajoutons qu'il est encore celui de l'infirmière, dans son domaine éducationnel. Je ne parle pas ici de l'infirmière spécialisée, non plus que de la travailleuse sociale, mais bien de l'infirmière de tous les endroits: services hospitaliters, hygiène, service de santé, industries, usines de guerre, bureau du médecin privé, son entourage, sa famille, ses amis. Quel que soit le milieu où elle exerce sa profession et ses activités, l'infirmière a le devoir de renseigner le public contre le danger des maladies et ceci comprend les maladies vénériennes; que dis-je, l'infirmière doit avertir le public contre les maladies vénériennes surtout, puisque, à cause de la conspiration du silence, ce sont celles-là contre lesquelles le public sait le moins se protéger.

Par exemple, une infirmière en service à domicile peut et doit parler des problèmes

de la santé et de la sécurité publique; elle en parlera en présence de la mère, du père; elle leur dira les méfaits de ce mal social qu'est la syphilis, elle leur fera connaître que cette maladie a à son crédit des aveugles, des sourds-muets, des paralytiques; que un quart ou 25% des pensionnaires des maisons d'aliénés est fourni par la syphilis. Elle leur fera comprendre que le grand fils, qui est aux études au bureau ou à l'usine, a besoin de connaître les dangers qui menacent l'exubérance de sa jeunesse et les moyens de les prévenir. La mère en parlera en présence de son fils ou de sa fille; ceux-ci, trouvant dans l'infirmière une source de renseignements et de vérité, causeront librement avec elle, demanderont des renseignements, s'instruiront, en parleront à leurs compagnons de travail, dans leurs réunions; et c'est ainsi que l'on apprendra à ne pas avoir peur des mots et que l'on parlera librement de la syphilis comme d'une maladie contagieuse, infectieuse, traitable et guérissable et non comme une malédiction qui laisse empreinte d'un stigmate la personne qui en est atteinte. L'infirmière, avec son doigté habituel, son savoir, fera comprendre à cette famille que la syphilis est une maladie à combattre et non une maladie à cacher; et, en bonne scout, elle aura fait, ce jour-là, sa bonne action.

Permettez-moi, maintenant, de citer quelques exemples servant à illustrer ce qui vient d'être dit: Un jour l'analyse du sang, fait dans un hôpital, révéla qu'une pauvre mère, âgée de 33 ans, était syphilitique; l'assistante medico sociale la visite et apprend que cette femme a sept enfants, le plus vieux âgé de 9 ans et le plus jeune, un bébé de 4 mois. La mère est informée de sa maladie, de sa gravité et du danger de contaminer ses petits. On lui propose de faire examiner ses enfants. Elle accepte; la date et l'heure de l'examen sont fixés au choix de la mère. La prise du sang est pratiquée sur les enfants, qui avaient bien peur, ces pauvres petits. Sur les sept enfants trois furent trouvés positifs, les trois derniers. Où est le crime de ces chers petits syphilitiques, où est le crime de la mère. Elle n'a été qu'une épouse dévouée, acceptant tout, faisant son devoir; le crime ne vient pas d'elle mais bien plutôt de l'ignorance ou de la honte d'avoir à avouer une maladie contractée par le père.

Tout cela est pathétique, d'une part nous avons des coupables qui ruinent leur santé et leur vie par leurs indiscrétions et leurs folies; d'autre part nous avons des innocents, aussi nombreux que les premiers, qui souffrent, périssent même souvent, sans l'avoir mérité; la situation des uns et des autres réclame notre assistance et notre aide, la charité chrétienne l'ordonne. En présence de ces faits je crois que nous, infirmières, nous ferons tout en notre pouvoir pour détruire cette fausse notion que la syphilis ne doit pas être discutée en public, que le mot doit rester ignoré pendant que la chose fait de si grands ravages. La syphilis est la plus dangereuse menace pour notre peuple. Faisons-nous donc un devoir de participer à l'éducation de nos gens. Notre profession nous met en contact avec bien des misères et c'est mon expérience que les malades se confient plus facilement à l'infirmière qu'au médecin. Ceci s'explique par le fait que l'infirmière passe 12 heures près de son patient; elle peut l'étudier, l'observer, découvrir ce qui parait le préoccuper; sa bonté, sa patience, la bonne parole dite à temps et à point, l'intérêt, la vigilance, l'encouragement; toutes ces grandes et belles qualités, qui sont celles dont doit être douée la véritable infirmière, sont mises à la disposition du patient.

Il est certain que, au cours de votre carrière d'infirmière, vous rencontrerez des êtres atteints de cette terrible maladie et qui, en l'apprenant, souffriront cruellement en eux-mêmes, seront complètement bouleversés, ne sauront où mettre pied, croyant qu'ils sont à la fin de tout; écoutez bien, c'est là que vous apparaitrez, leur expliquant leur maladie, ses conséquences graves pour eux, pour les leurs, pour leur entourage et même pour leurs enfants; mais aussi et en même temps vous les assurerez qu'ils peuvent être guéris, que leur place dans la société ne sera nullement changée, qu'ils conserveront le respect auquel ils ont droit, que leur vie restera la même. Vous leur ferez accepter leurs responsabilités envers les leurs et envers eux-mêmes, en acceptant le traitement de la syphilis. Lorsque vos bonnes paroles leur auront rendu le courage, lorsqu'ils sentiront qu'une infirmière, qui connait la maladie et ses conséquences, leur affirmera que ce n'est pas pour eux la fin du monde, qu'ils seront guéris, et que, dans tout cela, il n'y a rien de

honteux, que ce n'est pas un châtiment, mais seulement une maladie contagieuse, grave pour eux et les leurs, et qu'il existe un traitement, alors que vous aurez posé un grand acte de charité envers ces personnes en même temps que vous aurez accompli un devoir social digne de vous et de votre profession. Expliquez au patient le traitement, le seul qui existe et le seul qui guérit; faites le lui accepter, renseignez-le sur les cliniques existantes, les jours, les heures, après que sur vos conseils et à cause de la confiance que vous lui aurez inspirée, il aura lui-même décidé d'accepter sa responsabilité en se soumettant au traitement. Ce traitement, il n'a pas le choix de le suivre ou de ne pas le suivre vu que, pour les délinquants volontaires, il existe un remède légal; mais ce n'est qu'en dernier ressort que ce remède devra être appliqué et lorsque tous les moyens possibles de persuasion auront failli.

Cependant, si votre malade vous a bien compris, il ne sera jamais un délinquant volontaire, il ira à son traitement heureux et content, ayant la certitude de ne pas être un individu que l'on rejette, sachant que l'infirmière est là pour l'aider et l'encourager; enfin, il se retrouvera un homme neuf, plus fort dans son épreuve, plus calme et même meilleur, moralement au moins, qu'avant sa maladie. Et quant à vous, mes chères compagnes, connaissant le désastre que vous aurez su empêcher, en encourageant, renseignant, redonnant au malheureux un espoir qu'il croyait avoir perdu, vous aurez la satisfaction du devoir accompli et vous sentirez tout le bien que l'on éprouve d'avoir aidé, moralement et physiquement, un être humain à passer à travers une aussi formidable épreuve.

Editor's Note: The complete text of this article appears above, in English, under the title of "The Fight against Venereal Disease".

Well Merited Recognition

A division of public health nursing has recently been organized under the Ontario Department of Health with Miss Edna L. Moore, A.R.R.C. as director of the new branch. Her many friends will be glad to learn of her assumption of this post. Her record of service is most impressive.

Miss Moore is a graduate of the School of Nursing of the Toronto General Hospital and, during the first Great War, served with the Canadian Army Medical Corps as a Nursing Sister in England, France, Salonica and Malta. In recognition of her services she was made an associate of the Royal Red Cross. After taking postgraduate work in maternal and child hygiene, tuberculosis and venereal disease control, health education, administration and social work Miss Moore was appointed social service nurse with the Department of Soldiers Civil Re-es-

EDNA L. MOORE

tablishment in Ottawa. Later she became social service nurse in the division of preventable disease, Ontario Department of Health and for nine months was staff nurse and supervisor of social hygiene in Cattaraugus County, New York State Department of Health. After serving as a field worker with the Canadian Tuberculosis Association in Ottawa from 1927 to 1929 she was appointed assistant director of the National Organization for Public Health Nursing with head-quarters in New York City.

Most reluctantly the N.O.P.H.N. released Miss Moore in 1931 in order that she might return to her native province, Ontario, and to the Department to which she had formerly been attached in another capacity. It was recognized by the nursing profession at large that with her record of overseas service and her wide professional experience she was in a position to make a valuable contribution to her province and her country. Miss Moore was cordially welcomed on her return to Toronto at that time. Consequently, this further promotion and official recognition of her qualities of leadership has proved most gratifying both to her colleagues within the Department and to her many friends throughout Canada.

— ELIZABETH L. SMELLIE

A Popular Matron

The following letter has been received from Principal Matron D. M. Riches with the request that it should appear in the *Journal*. Needless to say, the request is most willingly granted.

MATRON ROACH

Capt. (Matron) Roach arrived in the United Kingdom in August 1940 as a Lieut. (N/S) with Number 1 Neurological Hospital. Her service in that unit was of the best and combined with her sense of humour made her one of its outstanding members. Almost three years to the day of her first arrival, Lieut. (N/S) Roach was requested to return to Canada, to bring back Number 3 Canadian General Hospital as its Matron. This she did and, in the short time in England before proceeding to Italy Matron Roach made available to the Lieut. (N/Sisters) of Number 3 Canadian General Hospital, the benefit of her three years previous experience. In no time she had endeared herself to her unit, and was carrying on her duties with the utmost efficiency, yet with the happy ability to understand humanly and administer in a similar manner.

Capt. (Matron) Roach has a very fine collection of Dresden china, purchased from antique shops. They could not palm off substitutes or copies on this astute Matron, and her ability to drive a bargain cannot be doubted. Her love of dogs was also undoubted, and this must be the reason that this particular snap has been chosen by her Sisters for publication.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

Final Announcement Regarding the General Meeting

For a number of months the *Journal* has carried announcements regarding the General Meeting of the Canadian Nurses Association which is to be held in Winnipeg from June 27-30 inclusive, with headquarters at the Fort Garry Hotel. Miss M. Lindeburgh, chairman of the programme committee, has authorized an announcement regarding some adjustments which have been necessitated in the programme as it originally appeared in the April issue of the *Journal*.

It is greatly regretted that Dr. W. C. Graham will be unable to give the address at the dinner to be held on June 28. However, the programme committee is to be congratulated upon having secured an able substitute in Miss Kennethe Haig, a member of the editorial staff of the Winnipeg Free Press. Miss Haig has long been recognized as a friend of nurses and strong supporter of principles for which the nursing profession stands. She is also an excellent speaker and her contribution to the programme will be a valuable one. The round table conference on Nurse Placement Service at which Miss Anna Tittman, executive director of Nurse Placement Service sponsored by Midwest Division of the American Nurses Association, has kindly consented to preside will be limited, at Miss Tittman's suggestion, to the morning of Saturday, July 1. Therefore, according to present plans, the meetings of the Executive Committee, following the general meeting, will be held on Saturday afternoon and evening.

As previously announced, the entire programme has been planned to meet wartime conditions; social events have therefore been reduced to a minimum and little time has been set aside for them on the programme. However, the arrangements committee has announced that Miss K. McLearn, Shriners' Ward, Children's Hospital, Winnipeg, will be pleased to make arrangements for alumnae associations and other groups who may wish to plan for a "get-together". It is suggested that these gatherings be arranged to take place concurrently on one day, the selection of which is to be left to the arrangements committee. Those desiring to make plans for special gatherings are asked to communicate with Miss McLearn as soon as possible.

Liaison Committee, C.N.A.

In the last issue of the *Journal* an announcement was made regarding the appointment of a small committee to act as liaison with the Canadian Medical Procurement and Assignment Board and National Selective Service. Both these bodies have expressed appreciation of this co-operative action on the part of the Canadian Nurses Association.

Members of the committee went to Ottawa recently at the request of the National Selective Service authorities to

confer regarding the shortage of nurses and further steps which could be taken to meet these in order to effect the most satisfactory distribution of available nursing service.

The consensus of opinion was: that at the present time there is a very definite shortage of nurses in many instances and that there is every indication that conditions are becoming more serious. Mental hospitals and sanatoria in particular are suffering from acute shortages; that before turning to direction as a means of securing additional nursing service, personal appeals to all nurses should be continued, and that these should take the form of a national publicity campaign under National Selective Service, with the co-operation of the Canadian Nurses Association.

Other adjustments suggested are not new, but are worthy of the most earnest consideration. They include: the return of every nurse, married or single, to some form of nursing duty, if at all possible; the desirability of all young graduates undertaking general duty for at least a year; it is noted that in Great Britain no nurse under thirty years of age is granted a permit to do private duty nursing; plans whereby every nurse not permanently employed will volunteer to give service for a limited length of time in a sanatorium or mental hospital; special contributions on a salaried basis by nurses whose holidays exceed a period of time which would make this request legitimate, and contributions from nurses who could spare a few hours a day or even a week, on evenings or week-ends, in addition to time spent on their own jobs. It is felt that there are a few nurses who might be in a position to give this additional service, which would be so welcome.

Nurses are urged to avoid changing from one position to another, or from an essential form of nursing service for which they have been prepared unless there are justifiable and very sound reasons for doing so. Time lost in travel and readjustments to a new position and embarrassment caused institutions in making replacements, definitely detract from our professional contribution to the war effort.

The publicity campaign conducted by National Selective Service, in which the Canadian Nurses Association is co-operating, will take place by press, radio and other means. It contains a message for every nurse who can do so to take her share in stabilizing nursing service. Before this issue of the *Journal* is published, a coast-to-coast broadcast under the caption "The People Ask" will have been given, in which Mrs. Rex Eaton, associate director of National Selective Service and Miss Electa MacLennan, an assistant secretary in National Office, discuss the problems of nursing service and their possible solution.

When the history is written of the role played by Canadian nurses in this crucial time, it will be very definitely affected by the response of nurses to the call for service on the home front which is now being made to them. Up to the present time, nurses in Canada have been left singularly free to decide where their support can best be placed. We take pride in the thought that Canadian nurses are still permitted to exercise this freedom of choice, but recognize in it a direct challenge, if needs for nursing service are to be met. Summing up all that nurses have done to meet peculiar demands since the outbreak of war, the Canadian Nurses Association is justified in accepting the challenge with confidence.

Grant from Federal Government

Word has been received that the grant from the federal government for the award of bursaries will be made. Announcement regarding the further grant for other purposes is eagerly awaited. Doubtless, nurses throughout Canada

will be interested in reviewing the following statement of some of the projects which have been made possible, during the past two years, through grants from the federal government to the Canadian Nurses Association.

Travelling instructors have been provided in seven provinces. The functions of these instructors have been many and cover a wide variety of activities, including refresher courses in hospitals and communities, recruitment of students through contacts with high schools, advisory conferences with boards of directors, members of staffs in institutions and organizations, and other contacts which have strengthened the morale of nurses who are carrying such heavy burdens, and gained support for them in many centres. The appointment of a travelling instructor in one province was characterized by the chairman of a hospital board as one of the most effective steps ever taken to bring expert advice and assistance to smaller hospitals.

Additional instructors and supervisors have been made possible in a number of hospitals and public health organizations; also supplementary teaching equipment and books. This support is most essential to meet the demands made upon schools by increased enrolment of students. A variety of postgraduate, refresher and extension courses and institutes have been made available to graduate nurses to meet special needs. These have been conducted in a number of centres in addition to the regular postgraduate courses. Other provincial projects have included recruitment and publicity campaigns which have been carried on nationally and provincially.

Through the administrative portion of the grant, the national publicity campaign and personal contacts with the nine provinces have been made possible. It is a matter of great regret that, of necessity, visits to the provinces have been limited during the past year and in the transition period in the National Office.

Increased Enrolment

It is interesting to note that 11,359 student nurses were enrolled in 175 approved schools of nursing in Canada as compared with approximately 8500 students enrolled in 179 schools in 1939 and 10,750 in 173 schools in 1943.

The number of graduate nurses taking postgraduate courses of one year's duration as reported in university schools and departments of nursing has increased from 196 in 1939 to 272 in 1943-44.

Bursaries

The Canadian Nurses Association is happy to announce the award of bursaries in 1944-45 to enable graduate nurses to take postgraduate work. The continuance of these awards is made possible through the grant which has been made again this year by the federal government and for which nurses in Canada are most grateful. The effects of this valued support are far-reaching. It comes at a time when the demand for nurses with special preparation both in the public health field and in hospitals is far in excess of the supply and when the preparation of the student nurse is being undertaken under most difficult circumstances. An adequate supply of well qualified teachers and supervisors in both hospitals and public health organizations is today of paramount importance.

The purpose of the expenditure of the portion of the federal grant funds allocated for bursaries is to prepare nurses for teaching, administration and supervision in schools of nursing, in hospitals and in the public health field. The opportunity which this wartime grant offers to graduate nurses to fit themselves for positions of responsibility and leadership in the nursing profession is one which should be considered seriously. Registered nurses who are in good stand-

ing as members of a Provincial Registered Nurses Association are eligible to apply. If awarded bursaries they will be required to give nursing service in Canada, in the special fields of nursing for which the courses taken have prepared them, for at least one year following completion of courses.

Conditions of Bursary Awards:

Courses for which bursaries may be awarded include the following: 1. Those offered by Departments of Nursing in universities:

(a) Courses covering the academic year in teaching, supervision, administration in schools of nursing and public health fields;
(b) Shorter courses in the above;
(c) Shorter courses in the clinical specialties. These courses are so arranged that part of the time is spent at the university and part in a hospital.

2. Those offered by hospitals:

Organized courses in clinical specialties.

3. Certain observation courses if approved by the national Bursary Award Committee. The Dominion Government requires that all courses taken on bursary funds provided by the government must be taken in Canada.

For the sake of brevity, the above courses described in clause 1 (a) are frequently referred to as "long-term" courses and those described in clause 1 (b) and (c) and clauses 2 and 3 as "short-term" courses. The term "clinical course" is also used to describe courses in which emphasis is placed on clinical experience in hospitals.

The amounts of bursaries to be awarded for 1944-45 have been set as follows:

1. $500 for university courses covering one full academic year;
2. Lesser amounts for shorter courses, the amount being dependent upon the length of the course and whether or not maintenance is provided. The maximum award is $250.

In addition, assistance with travelling expenses will be given to all bursary recipients who request it, if these expenses are in excess of $25.

Applications for Bursaries:

Bursary applications for courses beginning September 1944 should be submitted *at once*. Nurses who are interested should write for further information regarding available courses and bursaries and for an application form to the secretary of the Registered Nurses Association in the province in which they are employed. They should then decide upon the course they wish to take and make application at once. At the same time application should be made to the university or hospital offering the course. The award of a bursary *is dependent upon* the applicant's acceptance by the university or hospital concerned.

Bursary applications for shorter courses beginning after September 1944 may be submitted later. It is expected that each provincial registered nurses association will publish definite final dates for the receipt of bursary applications, both for courses beginning in September 1944, and for those beginning later. It will not be possible to consider applications received after the dates set by the National Committee of which provincial associations will be duly advised.

Number of Bursaries and Loans Awarded-1944-45

In 1943-44, 104 long-term and 37 short-term bursaries made available through the government grant were awarded, in addition to $4650 granted by the Canadian Nurses Association to cover 13 loans. Reports received on the calibre of the nurses availing themselves of these special opportunities to take postgraduate work give every assurance that these investments are very sound ones.

British Nurses Relief Fund

Although Provincial Registered Nurses Associations officially suspended the collection of contributions to the

British Nurses Relief Fund early in 1943, some donations are still being received. Since January 1, 1944, the following sums have been remitted to National Office:

British Columbia	$291.30
Saskatchewan	600.00
Repatriated nurse (Quebec)	10.00
	$901.30

A financial statement for the Fund for 1943 has been sent to all provincial offices. This showed the total assets of the Fund at December 31, 1943, to be $23,006.48. Donations made from the Fund up to December 31, 1943, were $31,071.29.

Members of the Canadian Nurses Association will be glad to know that since January 1, 1944, two donations of $2000 each have been sent to Britain for the relief of nursing staffs in recently bombed areas; also that financial assistance has been given to two Canadian nurses repatriated from the Orient. The Canadian Nurses Association has been most happy to welcome home repatriated nurses and to be privileged through the medium of this Fund to assist when necessary in their rehabilitation.

A message has been received from Miss Frances Goodall, secretary, the Royal College of Nursing, London, England, expressing deep appreciation of the tangible proof of the sympathy and support of Canadian nurses as evidenced in the donations from the fund recently sent to the nurses of Great Britain. However, Miss Goodall gives assurance that at the present time there are sufficient funds on hand in Great Britain to meet the needs of the nurses who are victims of bombing.

Publicity

With the advent of May and the peak season for student nurse recruitment, many of the provinces are swinging into their programmes with renewed vigour. Demands for posters and pamphlets have been heavy to the point of exhausting the supplies on hand. A reprint of the blue *pamphlet* "What Nursing Holds for You" will be available for distribution on or about May 15. A new pamphlet is in preparation as well as a revision of the Speakers Manual. Further details regarding these items will be announced in June. A new *poster* is in preparation and will be ready for distribution on or about May 31, 1944. This poster is captioned "Make Nursing your Career" and is 12" x 17" in size, being designed for placing in schools, stores, banks, theatres and other prominent buildings. A limited number will be available with easel-support.

National Health Radio Spots are still being featured by the Canadian Broadcasting Corporation. It would be of considerable interest and assistance to the staff in National Office to have the reactions of nurses and their friends to these "spots". A radio script "The Time, the Place, and the Girl", by Miss Kate Brighty, has been placed at the disposal of the provincial conveners, so listen for it on your local radio station.

It is very difficult to measure the effectiveness of a public information programme. However, it is felt that it may be justly assumed that the numerous requests which have been received in National Office for vocational guidance material have been in part stimulated by the publicity programmes which the provincial committees have carried on during the past two years.

Message from South Africa

Elsewhere in the *Journal* appears a very fine tribute paid by Colonel Lewis S. Robertson, Commanding Officer, Military Hospital 110, South Africa, to Canadian nurses who have served and are serving in South Africa. Nurses throughout Canada are honoured to share this recognition of the splendid

services rendered by their professional associates in other lands.

Special Greetings

During the months of May and June there come to the National Office of the Canadian Nurses Association many notices of changes in the officers of the Provincial Associations of Registered Nurses. New associations and contacts are welcomed and former ones are severed with much regret and with appreciation of co-operation and understanding which is so helpful in these strenuous and busy times. To retiring and incoming councillors of the Canadian Nurses Association the staff in National Office extend their best wishes.

The Canadian Nurses Association is also welcoming many new members at this time when Commencement Exercises are in order and many young graduates are going forth to explore on their own responsibility the possibilities of their profession which are almost limitless these days. To them, too, the staff in National Office extends a very special message of welcome and good wishes.

Annual Meeting of the A.A.R.N.

The twenty-sixth annual meeting of the Alberta Association of Registered Nurses was recently held in Edmonton, with Miss Ida E. Johnson presiding. To meet the difficulty of members being released from their posts to attend, it was decided to hold the meeting for one day only, most of the time being devoted to business. In her presidential address Miss Johnson reviewed work accomplished during the past year and mentioned some of the difficulties encountered. Tribute was paid to all married or inactive nurses who had taken advantage of refresher courses conducted throughout the Province and had returned to the nursing field. Miss Johnson reminded members of the task still before them in maintaining standards and in giving adequate care to the sick. The registrar's report showed that there are 1620 active members. A total of 160 nurses from this province are serving with the armed forces. The secretary-treasurer's report gave detailed information of Dominion-Provincial financial aid to student nurses. Twenty students were enabled to commence at Schools of Nursing under this scheme.

The annual reports of the three Sections were read by their respective chairmen: hospital and school of nursing, by Miss Gena Bamforth; public health, by Miss Jean S. Clark; and the general nursing section by the secretary as Miss Gertrude Thorne was unable to present. All showed progressive interest and responsibility undertaken. Miss Violet Chapman, "Canadian Nurse" representative, reported that Alberta had led the whole Dominion in renewals and new subcriptions. Reports presented by delegates from Districts were read and approved. Reports from Special Committees showed that a great deal of time and study had been given to the various important projects at present under consideration. Miss Ida Johnson briefly summarized the action being taken by the women of Canada in post-war planning. The report from the committee on subsidiary workers was given by the convener, Miss M. S. Fraser. This brought forth a great deal of discussion, and the study is being continued. The hope of receiving financial aid through Dominion-Provincial authorities to experiment with the training of this type of worker has given further impetus to arriving at a solution.

The report by Miss Helen S. Peters on legislation was concise and epitomized a great deal of work and study. It was decided that it would be unwise to open the Alberta Registered Nurses Act at the present time, either to include legislation for control of subsidiary workers or for any other reason that might present itself in the near future. The present minimum requirements for students entering schools of nursing were

upheld. The report on health insurance, as presented by Miss Helen McArthur, portrayed in a general way the necessity for all nurses to bestir themselves to study this important question. Questionnaires were distributed to all members to peruse and fill out.

Miss Jean S. Clark gave a comprehensive report of her travels as instructor of public health in schools of nursing and as speaker in some 60 to 70 high schools throughout the province in the interests of student recruitment. Miss Clark is to be congratulated on the excellent contribution she has made while acting in this capacity. Prospects of further increased student enrolment are very encouraging and it was generally believed that the undertaking, both this year and last, was well worth the expenditure involved.

During the noon intermission, several groups got together for luncheon and discussed topics of interest that would come up for discussion during the afternoon session. Time was an important factor in completing the business on the agenda, and social amenities were dispensed with until the evening.

An interesting event of the afternoon session was the presentation of a gift to Mrs. A. E. Vango, formerly registrar, who had served the Association for twelve years. Miss Blanche Emerson spoke of Mrs. Vango's constant interest in all matters affecting nurses and her untiring efforts to establish a proper centre for the registered nurses of this province.

Reports on various activities under the Dominion Government grant were presented. Postgraduate courses included a summer course in public health and ward teaching and supervision conducted during 1943, and another now being organized at the University of Alberta under the direction of Miss Helen McArthur and Miss Madeline McCulla. Two courses just completed included a clinical course in operating room technique at the Holy Cross Hospital in Calgary and another for nurse administrators of small hospitals at the University of Alberta. A postgraduate course in obstetrics has just commenced at the Holy Cross Hospital, Calgary.

Realizing the importance of health insurance in the field of nursing, the Association felt it was privileged to have Dr. A. E. Archer of Lamont as guest speaker. Dr. Archer is a member of the Medical Procurement and Assignment Board, and is not only well versed in the details being discussed in regard to the proposed Health Insurance Bill but has an intimate knowledge of the requirements of this province and is interested in the part which nurses will have to play should this important Bill be passed. Dr. Archer's address was most informative and proved successful in reaching the individual nurse as being of vital importance for the nursing profession as well as an incentive for her to plan and think well of what post-war requirements would demand of her and what might be expected in return.

With these questions in mind the members of the Alberta Association of Registered Nurses dispersed, feeling that the day had been busy but well worth the effort made to attend.

ELIZABETH A. PEARSTON
Registrar.

Annual Meeting of the R.N.A.O.

The Registered Nurses Association of Ontario held their nineteenth annual meeting in London, from April 12 to 14, with a registration of 368. The meeting was opened by the president, Miss Mildred I. Walker. His Worship, Mayor W. J. Heaman, and Miss May Jones, chairman of District 1, extended a welcome to the delegates. Miss Eileen Flanagan, president of the Registered Nurses Association of the Province of Quebec, was a welcome guest and conveyed greetings from the neighbouring Provincial Association.

Reports from many standing and special committees were presented. The membership committee reported that the membership on April 1 was 5,972, being just 255 less than the total membership on December 31, 1943. In her presidential address, Miss Walker stated that the public demand for adequate nursing must be met by organized nursing.

She also spoke of the need of developing leadership in order to assist health services by providing qualified personnel. Miss Walker was of the opinion that we have potential leadership in every good nurse, but that there must be nurture of the necessary qualifications through guidance. Miss Walker said that the Federal Government's recognition, through grants, of the need for more and better prepared people, was a challenge to the profession to find them.

On Thursday morning the Sections held their business meetings, followed by a general meeting in the form of a panel discussion of "Nursing Service in Family Life", conducted by Miss Winnifred Ashplant, chairman of the public health section. Papers were presented by Miss Dora Arnold, chairman, hospital and school of nursing section; Miss Stella Murray, chairman, general nursing section; Mrs. J. A. Whitelaw, an industrial nurse; and Miss Margaret Smith, a public health nurse in a County Health Unit. The papers were excellent and there was lively discussion from the floor. At the afternoon session the large hall was packed to hear a most interesting address on "War Neurosis" by Major G. E. Hobbs, the psychiatrist attached to Military District 1. The annual banquet was held in the evening and 312 nurses were present. The president was pleased to welcome Miss K. W. Ellis, General Secretary, C.N.A., who presented greetings on behalf of the Canadian Nurses Association. The guest speaker was Dr. E. G. Pleva, of the University of Western Ontario, who gave a very instructive address on "The Future Population of Canada".

On Friday morning, following the report of the Committee on Registries, Miss Madalene Baker was re-appointed as registry organizer. There are now 19 organized community nursing registries in Ontario. The report from the Permanent Education Fund showed that 41 loans have been granted since 1937, amounting to $8,875. To date 23 loans have been repaid in full. A discussion on the ward's contribution to the education of the student nurse was conducted by Miss H. E. Penhale, M.A., Reg. N., Institute of Public Health, University of Western Ontario. She emphasized the importance of the education of the student nurse, and suggested that she would benefit by accepting some measure of responsibility for her well-rounded education in ward and classroom. It was pointed out that there should be variety in teaching methods; that a steadfast respect for the individual must be retained; that administrators should realize that their services contributed something to the education of the student; and that the head nurse should be given every help possible. Contributing to this discussion were Miss Ruby McTavish, Western Hospital, Toronto; Miss Ruth Leavens, General Hospital, Toronto; Miss Evelyn Gayfer, General Hospital, Hamilton; Miss Margaret Burgess, Nicholls Hospital, Peterborough; Mrs. K. Coutts, General Hospital, Oshawa; Miss Mary Deneau, General Hospital, Belleville; and Miss Helen McCallum, Hospital for Sick Children, Toronto. At the final session on Friday afternoon the report of the Canadian Nurse Circulation Committee was presented, including the report of the annual luncheon, which representatives from the districts attended. It is hoped that many of the papers presented at the meeting will later be available for publication in *The Canadian Nurse*.

Forty-nine student nurses attended the meeting as representatives from training schools in all parts of the province. Special plans were made for them by the committee on student arrangements, including demonstrations of procedures by the students of the schools of nursing at St. Joseph's Hospital, the Victoria Hospital and the Ontario Hospital.

Professional and educational exhibits were sent in by the Sections and by several schools for nurses. The support and co-operation of eleven commercial firms in reserving space and providing exhibits of interest to all nurses was much appreciated.

Miss Jean I. Masten, superintendent of nurses, the Hospital for Sick Children, Toronto, was elected president for the ensuing year.

MATILDA E. FITZGERALD
Secretary-Treasurer

Obituary

Minnie Smith died recently in Montreal. Miss Smith was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1894.

STUDENT NURSES PAGE

Hare Lip and Cleft Palate

CATHERINE MACLEOD

Student Nurse

School of Nursing, Saint John General Hospital

In my first four weeks of nursery training I have come across three newborn babies with cleft palate. Each year, in the United States, approximately a thousand children are born with similar defects of the mouth. This made me think it would be good to make a study of one of these cases, to find out the "whys".

A lovely boy, weighing seven pounds twelve ounces was born, a first child, and a normal delivery. However, he had a complete cleft through the left side of the lip, the alveolus and the hard and soft palate. The familiar term for this condition is hare lip and cleft palate. Can you imagine the shock of being told that your child had such a deformity? Mrs. P's face showed extreme fear as she cried "Oh no, not one of those awful things with a split lip". When the baby was brought to her she covered her eyes in horror, but instead of taking the child away we left him with her. Soon she began to notice the colour of his hair and his eyes and the different family traits. Suddenly the realization came to her that he was her baby and that she loved him.

Hare lip and cleft palate are congenital deformities of the mouth and face which may be hereditary. In this case, the parents have no recollection of it occurring in either family. The doctor explained the baby's condition to Mrs. P. and I will try to summarize what he told her. He said that when the female ovum is fertilized this single cell divides and subdivides into billions of cells which soon begin to differentiate and specialize; that is, certain cells begin to form special organs and take on special functions. After the fifteenth day following conception, the cavity from which the mouth and nose will be formed is bounded above by a small rounded process called the frontonasal process, and on each side by the maxillary processes. The mandibular processes join in the midline about the fifth fetal week and together form the lower jaw. The maxillary processes do not meet in the midline but remain wedged between the frontal and the mandibular parts. The cavity is now bounded below by the mandible, laterally by the maxillary and above by the frontal processes. The maxillary and mandibular processes grow forward on either side to form the upper and lower jaws and the third process, the frontal, grows downward to form the nose. Perfect fusion of these parts produces a normal outline but imperfect development results in such deformities as

hare lip and cleft palate. Hare lip occurs when the frontal and maxillary processes fail to unite. If this non-union is on one side only, single hare lip occurs; if they fail to unite on both sides, double hare lip is the result. Cleft palate, which is a far more serious condition, is caused by imperfect union of the horizontal plates that grow inward from the maxillary processes and is always in the median line. This defect occurs in any degree, from a slight notch in the uvula to a wide-open cleft.

The next question, of course, was what could be done for the baby. It has been decided that in the seventh week, when the child has regained his birth weight and has more strength, he will return for repair of the hare lip. The excess of red border is to be excised and the tissues of the lip joined by one of several methods of plastic surgery. Then, in a year's time, another operation will be performed on the roof of the mouth when flaps of periosteum and mucous membrane are formed and sutured together to close the defect. This is the proper age for the closure of the cleft palate, for if the child learns to talk before the deformity is corrected, there is danger that he will continue to use the guttural tone caused by the cleft in the palate.

Feeding is the first consideration, and we are using the Brecht feeder that can be purchased at any drug store. This is a glass tube with a small nipple on one end and a rubber bulb on the other, the milk being slowly pumped into the baby's mouth. Both fossae of Rosenmueller (the opening on either side of the nasopharyngeal orifice of the Eustachian tubes) are exposed and food is apt to collect directly over them. In an effort to avoid otitis, the mouth and pharynx should therefore be kept as free of debris as possible. Giving a small amount of sterile water after feeding helps to solve this problem. We know the mucous membrane is tender and apt to become irritated so we have been painting the baby's mouth twice daily with metaphen and glycerine. Speech training should begin early and, whenever possible, it is a tremendous advantage to have the patient directly under the care of a speech trainer. The next best thing is to have the mother consult such a person and then develop her own method with the child.

All the nurses who are on duty in the nursery sincerely hope that the operations are successful. We are thankful that Baby P. has fine parents who will help him through his affliction and we wish the three of them the good fortune that they so richly deserve.

REFERENCES

Brenneman: Practise of Pediatrics. Vol. 3. Chapter 1.

Carman, Dr. Lee: Obstetrics for Nurses.

The Canadian Nurse: Speech correction for cleft palate patients, July, 1942. Page 479.

Williams: Text Book of Anatomy and Physiology.

The Journal Takes a Bow

The work of the Grenfell Labrador Medical Mission is of vital interest to Canadians and we are very proud that our own nurses are evidently making a fine contribution to it. Miss Ethel Graham, secretary of the Mission, writes as follows:

The publicity so kindly given us in *The Canadian Nurse* last spring bore excellent fruit. Not only were there many inquiries but several actually applied and three nurses whom we appointed were secured through the magazine. From our headquarters at St. Anthony we hear excellent reports from Miss Alice Phillips and Miss Muriel Watson. These two nurses are both from the west as it so happens but they read of our work in that little article.

Book Reviews

The War and Mental Health in England, by James M. Mackintosh, M.D., Professor of Preventive Medicine, University of Glasgow. 91 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City. Price 85 cents.

Brief as it is, this book gives an amazingly vivid picture of mental health in England through the successive phases of the world war. It contains essays on the impact of war, the process of adjustment, the lonely year of 1941, the supreme efforts made to attain preparation for defence, and the heartening psychological effects of alliances with the United States and Russia.

The effect of the black-out on the mental health of industrial workers is discussed at some length. This proved to be a factor in the sharp rise in the incidence of tuberculosis because it involved great fatigue due to lack of adequate travelling facilities and the consequent necessity of "groping one's way to work". The problem of evacuation, especially in relation to children, is subjected to close analysis. Dr. Mackintosh contends that the "wild children" who are now giving so much anxiety are not necessarily a wartime phenomenon. In his opinion, the conditions which produced them existed long before the war. These he traces to lack of home training, the decay of religious sanctions and the influence of the cinema.

Dr. Mackintosh makes some extremely significant comments on the training of psychiatric social workers and lays considerable stress on the importance of the rôle of the public health nurse.

Tropical Nursing, by A. L. Gregg, M.D., Member of Associate Staff of, and Lecturer to Nurses at the Hospital for Tropical Diseases, London, England. 177 pages. Illustrated. Published by the Philosophical Library (Department of War Medicine) 15 East 40th St., New York. Price $3.75.

By way of introduction, Dr. Gregg offers some eminently practical advice to nurses who must adjust themselves to working in a tropical environment. One section contains brief but clear descriptions of the more common tropical diseases together with references to the clinical course, complications, treatment and nursing care. Special attention is given to the dysenteries and the malarias. The third section deals with techniques related to blood examinations and other laboratory procedures. Valuable suggestions are given concerning the management of eye injuries or infections when the services of a physician are not available. The book is of a convenient size and can be easily carried. It contains a useful glossary as well as an index but unfortunately there are no suggestions for reference reading.

Nurses who are preparing themselves for duty in any tropical area will find this excellent volume most helpful to them.

This book is distributed in Canada by The Ryerson Press, 299 Queen St. West, Toronto 2, and may be obtained from this publishing house.

The Art of Seeing, by Aldous Huxley. Published by The Macmillan Company of Canada Ltd., St. Martin's House, Toronto. 144 pages.

Readers who associate the name of the author with his other works, such as Point Counter Point and Brave New World, will be startled by the contrast afforded by the reading of The Art of Seeing. Ever since he was a boy of sixteen, Mr. Huxley has been threatened with blindness caused by a severe attack of keratitis. For the first few years he could only read with the aid of a powerful hand magnifying-glass. Later, he was promoted to spectacles but a measure of strain and fatigue was always present with an attendant sense of exhaustion.

In 1939 Mr. Huxley heard of the work of a New York oculist, Dr. W. H. Bates, who was a pioneer in visual re-education and consulted his disciple, Mrs. Margaret Corbett. The result of her teaching was that Mr. Huxley's vision "is twice as good as it used

to be" and he is a firm believer in the soundness of the views held by Dr. Bates. Broadly speaking, Dr. Bates (who died in 1931) was of the opinion that the great majority of visual defects were functional and due to faulty habits of use. The resulting strain affected both body and mind and created a condition of tension. Instead of using artificial lenses, Dr. Bates devised appropriate whereby the condition of strain was relieved, good seeing habits were built up and, in many case, normal vision was restored. Mr. Huxley states the reasons for orthodox disapproval with fairness and restraint but makes it quite clear, in terms of his own experience, why he does not consider them to be valid. He points out that there are striking resemblances between the theories of Dr. Bates and those held by Sister Kenny: "Both protest against the artificial immobilization of sick organs. Both insist on the importance of relaxation. Both affirm that defective functioning can be re-educated toward normality by proper mind-body co-ordination. And, finally, both work".

State Board Questions and Answers for Nurses, compiled from actual examination questions given by State Boards. Twenty-second edition, revised. 1084 pages. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price, $4.00.

The latest revision of this volume contains a new and valuable section entitled Toward Better Examinations in Nursing, prepared under the direction of M. Cordelia Cowan, R.N., M.A., executive secretary and treasurer, Nurses Examining Board, District of Columbia. The functions of examinations are defined, the various types of texts analysed and the characteristics of an adequate examination are evaluated. Suggestions are given for attaining a better type of examination and some useful suggestions concerning the selection and construction of questions are offered.

A Most Helpful Course

For the past two or three years nurses in smalls hospitals throughout Alberta have read articles and received notices of refresher courses, heard of short courses in supervision and ward teaching and in public health. *But what of the problems of nurse superintendents of small hospitals?* Did no one visualize what a short course in hospital administration would mean to the bewildered nurse superintendent?

A group of students

What does a general staff nurse know of law in relation to hospitals; of Provincial Hospital Acts and rules and regulations pertaining to the management of a hospital; of employing and maintaining proper hospital personnel, which, of course, included the cook and other lay help; of hospital and medical relationships; of hospital housekeeping; of purchasing economically and adequately; of the completion of the many forms that have to be returned to the Provincial and Dominion Governments; of general office routine and bookkeeping; and of the conducting of staff conferences and of the many other things not even dreamed of when accepting a position as nurse superintendent? Bitter disappointment has been the fate of many an excellent nurse, hospital board members and medical staff but all they could do was tear their hair and wonder.

Because of the generous grant made to the Canadian Nurses Association by the Federal Government which the Associations

Please, nurse, don't tuck me in without my Z.B.T. powder!
Z.B.T. Baby Powder clings long and protectingly to baby's tender skin. Its smooth, downy-soft film helps to guard against chafing, prickly heat, diaper rash and other minor skin irritations.
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Smooth Z.B.T. on your palm. Sprinkle water on it. See how the powder doesn't become caked or pasty. The water doesn't penetrate it, but forms tiny powder-coated drops—leaving the skin dry and protected. Compare with other leading baby powders.

of Registered Nurses across the Dominion are directing towards the betterment of nurses and of nursing, the foresight of the Alberta Registered Nurses Executive and the co-operation of the President and lecturers of the University, a ten-week course for nurse superintendents of small hospitals was conducted under the auspices of the School of Nursing of the University of Alberta.

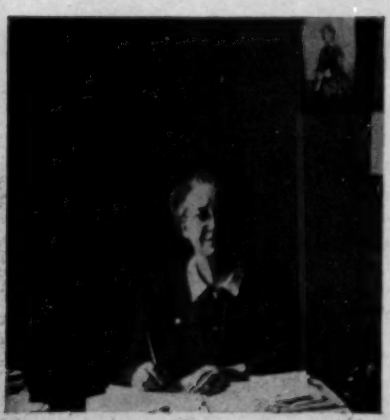
The course covered those important phases of hospital work which come under the direct control of the superintendent of a small hospital, such as nutrition and food service; infant care and infant feeding; diabetic diets; ordinary tests in blood chemistry and biochemistry; introduction to x-ray technique; immediate nursing care following eye injuries; basal metabolism technique; action and administration of the newer drugs; demonstrations of the more recent nursing procedures; operating room technique and preparation of surgical supplies; case room management and isolation technique as practised in the small hospital. Talks and demonstrations were also given on the operation of water supply and laundry plants.

The students were privileged to attend extra-curricular lectures on different types of illness such as diabetes, nephritis and allergies. A very interesting day was spent at the Provincial Mental Hospital at Ponoka. We were given instruction and advice regarding the temporary care and handling of the mentally ill patient in a small general hospital. The hospitality shown by the personnel of the Hospital was not only delightful but was a lesson in how one can eliminate that element of uncertainty which one seems to suffer when approaching a hospital of any kind, whether as a patient or as a visitor. The social aspects were not forgotten and several enjoyable functions were arranged. During the final week the President of the University presented "Certificates of Achievement" to the group and a social hour was spent following this little ceremony.

The class is sincerely grateful to the Executive of the Alberta Association of Registered Nurses, to the President and lecturers of the University of Alberta, to the hospitals in Edmonton and to the Provincial Mental Hospital and to all the instructors and demonstrators who so generously gave of their knowledge and time, allowed use of hospital facilities and made this course possible. May we show, by application of instruction received and by the results we hope to achieve, that their efforts were worthwhile.

— MARGARET SOUCH

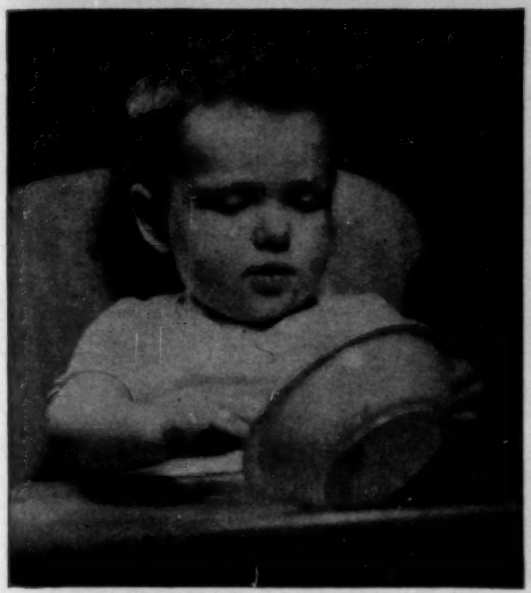
Good Work in Newfoundland



SYRETHA SQUIRES

The annual report of the Departmental Nursing Service of Newfoundland was recently submitted by the retiring director, Miss Syretha Squires. As always, it gave a vivid picture of the excellent pioneer work done by the nursing staff under difficulties which have to be experienced before they can be fully understood. The work accomplished by the Nursing Department includes an active share in the control and prevention of tuberculosis and other communicable diseases; school health and health education; the maintenance of outpost hospitals; and the provision of a generalized public health nursing service.

Under the dynamic leadership of Syretha Squires, the staff of the Departmental Nursing Service has rendered outstanding service to the people of Newfoundland.



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Students can Learn in Rural Hospitals

D. Hamer Hatherley

At last it would seem that the small hospitals may get a break and be made to feel that they really do have something of value to contribute toward the training of good nurses.

In the February issue of *The Canadian Nurse* there is a brief article entitled "Rural Internship for Student Nurses" which describes an experiment carried on by the School of Nursing of the University of Minnesota which seems to have been most satisfactory for all concerned. By all means let us go forward with a similar experiment in Canada and allow our senior student nurses now training in large institutions to spend three or four months in hospitals of seventy-five beds or less.

In a small hospital one can invariably follow the progress of each patient from admission to discharge and in a rural community (where, of course, we find the small hospital) the nurse frequently sees the patient after discharge and is able to observe the results of good work in which she herself may have had a share. This gives her a feeling of having accomplished something really worthwhile.

The student nurse should be encouraged to feel that she is privileged in being allowed to go further afield. She must not arrive with a condescending attitude toward the smaller institution nor talk too much about "in *our* hospital, we do so and so, and the doctors are so and so". She must learn how much better it is to be able to accomplish quite as wonderful things with less. She will soon realize that country doctors are second to none and labour under difficulties unknown to their profession in the large cities. They take long trips over bad roads often operating and caring for obstetrical cases under very trying conditions all within a few hours.

It will take some adjusting to enable the pupils of a large hospital school to enjoy the benefit of closer contact with the patient as provided in a smaller institution but nevertheless it will provide them with valuable experience. Most hospitals had a small beginning but did good work of which they are justly proud. So let us remember that where there is a will there is a way and be ready to prove that a small hospital can help to turn out good self-reliant nurses. Don't let us wait for our good neighbours across the Border to do all the pioneering.

New Light on the Rural Hospital

An extremely stimulating book has just been published by The Commonwealth Fund, and no one who is interested in rural hospitals can afford to miss it. The special problems related to medical service are admirably set forth and the same statement applies to those sections of the book which deal with organization and finance. The following excerpts sum up the attitude of the authors toward nurse administrators and, while not entirely flattering, are well worth studying:

The superintendent is a key person in the small community hospital. In hospitals of this type, the superintendent is usually a woman for the simple reason that it is easier to find the combination of tact, initiative, courage, sound technical information, administrative finesse, and personality in a woman than in a man at the price small hospitals are accustomed to pay for their superintendents—rarely more than $3,600 a year with maintenance. People who can do all these things well are not numerous. Sometimes it is necessary to choose between a good housekeeper and a good leader, but the board will do well not to be too easily satisfied. This is no job for a single-track mind. The fact remains that the largest reservoir of experienced superintendents at this salary level is in the nurse group.

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11 VEGETABLES—Beets • Green Beans • Squash and Carrots • Carrots • Vegetable Soup • Spinach • Tomato Soup • Asparagus • Beef and Liver Soup • Mixed Greens • Chicken, Vegetable and Farina.

3 FRUITS (Rationed)—Plums with Farina • Peaches • Applesauce.

Heinz BABY FOODS 57

In some respects nurse training is a positive handicap in becoming a good superintendent. Doctors are accustomed to give orders to nurses and even like a nurse to rise when they enter a room. Many physicians in small towns are puzzled and irritated at finding a nurse in a position of authority at the hospital. It is hard for them to talk seriously with her about administrative matters. If she makes the mistake of wearing a nurse's uniform the situation is even worse; as superintendent she is *not* a nurse but an administrator. If she too is embarrassed and insecure, friction is certain. Only a nurse who, by virtue of temperament or a broad experience, is at ease in the administrative situation is likely to handle these difficulties successfully.

Even then the first superintendent in a new community hospital runs all the risks of the shock trooper. She leads the board down unfamiliar paths. She embodies, for the doctors, a strange new order in which rules and regulations imposed by laymen impinge on the most individualistic of professions. She stands between her staff and the petulant physician who expects a nurse to be fired on the spot if she displeases him. She asks firmly and repeatedly for records. No matter what easy promises the doctor has made, she insists on negotiating directly with the patient about hospital costs. She bars the operating room to the bustling surgeon who, in defiance of schedule and without benefit of orderly diagnosis, is rushing his patient to the table. And usually in the course of a year or two she has become throughly unpopular.

The appendix contains a series of suggested rules and regulations covering all departments of medical and nursing service. These outlines would be invaluable in a newly established hospital or in an institution in which reorganization is proceeding.

In publishing this book, The Commonwealth Fund has rendered an immense service to rural hospitals and to all who work in them.

Small Community Hospitals, by Henry J. Southmayd, Director, Division of Rural Hospitals, The Commonwealth Fund; and Geddes Smith, Associate, The Commonwealth Fund. 176 pages. Published by The Commonwealth Fund, 41 East 57th Street, New York, N.Y. Price $2.00.

Exhibitors at the General Meeting

As on former occasions, several representative firms in Canada are providing exhibits at the time of the General Meeting of the Canadian Nurses Association.

The exhibit booths are to be situated in the Foyer and Ballroom on the seventh floor of the Fort Garry Hotel, Winnipeg. The following is a list of the firms which have made reservations prior to May 1:

G. H. Wood & Co. Limited
Toronto, Ont. Booths Nos. 1 and 2

J. B. Lippincott Company
Philadelphia, Montreal, London. Booth No. 3

The Ryerson Press
Toronto, Ont. Booth No. 4

Ayerst, McKenna & Harrison Limited
Montreal, Que. Booth No. 5

The Macmillan Co. of Canada Limited
Toronto, Ont. Booth No. 6

Fisher & Burpe, Limited
Winnipeg, Man. Booth No. 7

Ingram & Bell Ltd.
Toronto, Ont. Booth No. 11

The Coca-Cola Co. of Canada, Limited
Winnipeg, Man. Space in Foyer.

The continued support of these firms is appreciated by the Canadian Nurses Association.

An Institute for Industrial Nurses

The School of Nursing Education of the University of Manitoba is sponsoring an institute for industrial nurses from June 12 to 15 inclusive. Miss Heide L. Henriksen of New York City, industrial nurse consultant for the National Organization for Public Health Nursing, has consented to conduct this institute. Miss Henriksen has had wide experience in the field of industrial nursing and was for some time associated with the University of Minnesota, both as a lecturer in public health nursing and as an authority on industrial nursing. The University of Manitoba is most fortunate in being able to secure one so well qualified as Miss Henriksen to conduct this institute.

Classes will be held each evening from 7.30 to 9.30 p.m., and for the benefit of those on evening duty the same lectures will be repeated from 10 a.m. to 12 noon. The registration fee is $3.00.

For further information write to Hazel B. Keeler, Director, Nursing Education, University of Manitoba or to Josephine DeBrincat, industrial nurse consultant, Bureau of Industrial Hygiene, 320 Sherbrooke Street, Winnipeg.

Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Mrs. Mary Golem, a graduate of St. Joseph's Hospital, Toronto, and of the University of Toronto public health nursing course, has been appointed temporarily to the Hamilton staff.

Leafa Baldwin, a graduate of Cornwall General Hospital, *Margaret Laskey, Mabel Russell* and *Catherine McKay,* graduates of the Homoeopathic Hospital, Montreal, have been appointed temporarily to the Montreal staff.

Mrs. Katherine Ramsden, a graduate of the Vancouver General Hospital, with Bachelor of Science in Nursing from University of British Columbia, has been appointed temporarily to the Vancouver staff.

Betty Kerswill, Mrs. Marjorie Taylor and *Mrs. Hilda Forrest,* graduates of the Toronto General Hospital, have been ap-

As Soon as Liquids are Tolerated

In children especially, operative procedures are usually emergency situations. In consequence, from a metabolic standpoint, the patient is not prepared for surgery. Incipient dehydration may be present and the stores of essential nutrients may not be sufficient to withstand the drains of surgical insult and enforced starvation thereafter. Hence feeding must be started as early as possible in the post-operative period in order to prevent dehydration, acidosis, and retarded recovery.

Because of its blandness and easy digestibility, Ovaltine is usually tolerated as soon as liquids can be borne. Rich in the nutrients most urgently needed during this period, this delicious food drink is a valuable aid in preventing acidosis. By satisfying nutritional requirements more completely than the customary small and inadequate post-operative feedings, Ovaltine hastens recovery and encourages restoration of strength and well-being. After the patient has been returned home, Ovaltine may well continue to be a prominent part of the dietary because of its important nutritional contribution.

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Vitamin A	2000 I.U.
Vitamin B_1	226 I.U.
Vitamin D	540 I.U.
Riboflavin	3⅓ Mg.
Calcium	340 Mg.
Phosphorus	340 Mg.
Iron	10.00 Mg.
Copper	1.0 Mg.

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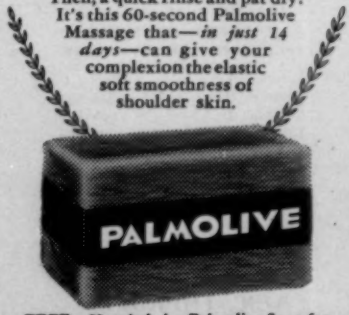
Look younger in 14 days! Each time you wash, with a face cloth massage Palmolive's lather into your skin for—*one full minute*. Then, a quick rinse and pat dry! It's this 60-second Palmolive Massage that—*in just 14 days*—can give your complexion the elastic soft smoothness of shoulder skin.



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pointed temporarily to the Toronto staff.

Margaret Lownds and *Jean Charlton*, graduates of the Ottawa Civic Hospital, have been appointed temporarily to the Halifax staff.

Norma Pike, a graduate of Toronto East General Hospital, has been appointed temporarily to the York Township staff.

Mrs. Adele McIntyre has resigned from the Victoria staff.

Esme Murphy has resigned from the York Township staff.

Caroline Farina has resigned from the Burnaby staff and *Margaret Phillips* from the Montreal staff to enter the R.C.A.M.C. Nursing Service.

Mrs. Scrivener (Ida Nancekiville) has resigned from the Vancouver staff.

Irene Lawson has been transferred from the St. Thomas Branch to the Hamilton staff as assistant superintendent.

NEWS NOTES

BRITISH COLUMBIA

A Correction

In the March issue of the *Journal*, and under the caption of News Notes, it was stated that Miss Margot P. Carson, a member of the nursing staff of the Royal Columbian Hospital, had joined the Royal Canadian Naval Nursing Service. This statement is not correct and a most sincere apology is hereby tendered to Miss Carson. —*Editor.*

MANITOBA

The annual dinner meeting of the Brandon Graduate Nurses Association was held recently, with the 27 members of the graduating class of the Brandon General Hospital as guests. Mrs. H. E. Hannah presided and the guest speaker, Miss Mabel Faust, of Winnipeg, recently appointed travelling instructress for the M.A.R.N., spoke on nursing in South Africa. The annual scholarship was presented to Miss Audrey Jones, a member of the Class of 1943.

Eight meetings were held during the past year and our membership now totals 55. Guest speakers have been most interesting and educational. The Association has promoted two special projects during the year—recruiting of nurses and the cancer educational program. The committees have succeeded in arousing widespread public interest in these subjects. It was decided to carry on with the scholarship fund to provide a university scholarship in either teaching and supervision or public health to a graduate

of the Brandon General Hospital. Total donations from the various service clubs of the city, Brandon Faculty of Medicine, and the several groups of our Association amounted to $459. The downtown group donated $37 for war work and $100 to the scholarship fund.

The married nurses group has been very active sewing for the hospital and have very capably helped in our busy time again by doing special duty. They also donated $50 to the scholarship fund. The Brandon Mental Hospital group turned in $20 to the scholarship fund, the money being received from a raffle. The Brandon General Hospital group gave $17 to the scholarship fund and $25 to the Milk for Britain Fund. The private duty group gave $10 to the blood donors bank and $21 to the scholarship fund.

The registry has been very active and the private duty nurses have been busy all year. Mrs. S. J. S. Pierce, our capable war work convener, has completed 200 utility bags for overseas, in addition to many articles of clothing. Subscriptions to *The Canadian Nurse* have been encouraging, 20 new subscriptions being sent in.

The following officers have been elected to serve during the coming months: honourary president, Mrs. W. H. Shillinglaw; president, Mrs. H. E. Hannah; vice-president, Mrs. R. Alexander; secretary, Mildred Donnelly; treasurer, J. Selbie; Red Cross, Mrs. S. Lewis; war work, Mrs. S. J. S. Pierce; registrar, C. Macleod; social, Katherine Wilkes; membership, Mrs. C. Cripps; visiting, Mrs. D. L. Johnson; press, Margaret Stewart; community chest, Doris Stowe; *The Canadian Nurse*, Mrs. R. Darrach.

ONTARIO

Editors' Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convner of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 4

Hamilton General Hospital:

At a recent regular meeting of the Hamilton General Hospital School of Nursing Alumnae Association reports were presented by the following delegates who attended the R.N.A.O. convention in London: Miss Tasken from the public health section; Miss Steem from the private duty section; and Miss Irvine from the General Hospital staff. Others from Hamilton who attended the convention were E. Gayfer, A. Lusk, S. Shearsmith, J. McBride, C. Srigley, B. Key, and M. Vickers.

Nurses of Hamilton attended the Sunday evening service at the First United Church on May 7. This was the second such annnal gathering for Sunday worship.

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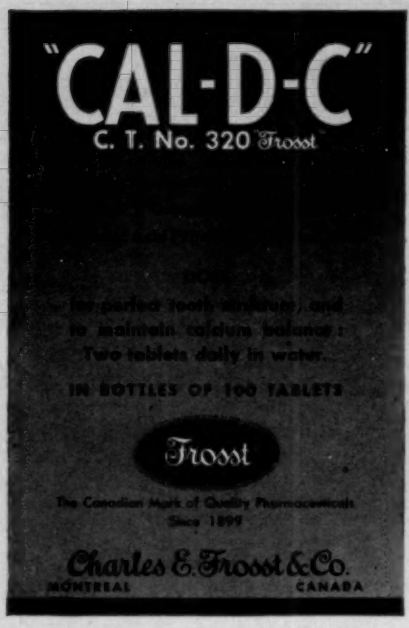

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TORONTO

District 5

TORONTO:

Women's College Hospital:

Word has been received that Matron Dorothy Macham, A.R.R.C. was recently in charge of a casualty clearing station near the fighting lines in Italy. Miss Macham first served in Sicily and was flown over to Italy when the first hospitals were established. She was among the earliest contingents to be sent to England. First assigned to a plastic surgery unit which was later amalgamated with a neurological hospital in England, Miss Macham has seen almost every kind of nursing duty. Her appointment as matron of the casualty clearing station was applauded by nurses who trained and worked with her at the Women's College Hospital.

The following officers were recently appointed to serve during the coming year: president, C. Blair; vice-president, Helen Stainton; second vice-president, B. Brown; treasurer, E. Wiltshire; recording secretary, P. McNabb; corresponding secretary, L. Elliott; councillors, D. Anderson, M. Free, Mrs. W. Stephens; past president, Mrs. Hall; representative to R.N.A.O., M. Janzen; visiting, D. Dinwiddie.

District 8

Ottawa General Hospital:

Sister Madeleine of Jesus and Sister Françoise de Chantal recently attended the second wartime conference of the Catholic Hospital Association of the United States and Canada held in St. Louis, and are at present following a course in administration in schools of nursing. Sister Flavie Domitille is now director of the Motherhouse Hospital and Sister Marie-Alban has been appointed superior of the Hospital. Sister St. Germaine has been appointed superintendent of St. Vincent's Hospital, Ottawa. Sister Marie Irma and Sister Germaine de Jesus are now on the staff of St. Joseph's Hospital, Sudbury. Sister St. Honorine is now attached to the staff of the University of Ottawa School of Nursing. Eveleen Byrne and Olive Pilon have joined the R.C.A.M.C. Nursing Service.

PRINCE EDWARD ISLAND

Mae Morrissey is taking a postgraduate course in surgery at St. Michael's Hospital, Toronto. Katherine MacDonald is taking a postgraduate course in obstetrics at the Royal Victoria Hospital. Mary Shea and Thelma O'Donnell are doing general duty at the Royal Victoria Hospital and Dorothy Hennessey is on the staff of the Royal Victoria Hospital. The following have recently joined the R.C.A.M.C. Nursing Service: Sally MacDonald, Barbara Smith, Bertha Thompson, Gladys Trowsdale, Vera Allen and Verna Darrach.

QUEBEC

Montreal General Hospital:

The Montreal General Hospital has every reason to be proud of its many graduates in the Armed Forces, but especially of Dorothy I. MacRae—recently appointed Matron-in-Chief of the R.C.A.M.C. Nursing Service. We wish her continued success in her work. The following have recently joined the Nursing Services of the Armed Forces: Misses R. C. Aiken, I. Bell, L. Baptist, M. MacDonald, H. MacLeod and H. McQueen. Misses M. McRae, A. Simonson, L. Wentzell and B. Roome have accepted positions on the staff at the Central Division.

The guest speaker for the April meeting of the Alumnae Association was Dr. E. Mills, who gave a most enlightening talk on new drugs and showed a film on Vitamin B therapy. The drugs discussed were Penicillin, Thiouracil, Promine, Diasone and Dicoumarin.

McGill School for Graduate Nurses:

Lily Turnbull (T. & S., 1943), formerly on the staff of the Regina General Hospital, is now serving with the R.C.A.M.C. Nursing Service. Mrs. Veronique E. LeBlond (P.H.N., 1938), who has been on service with the R.C.A.M.C. French-Canadian Unit, recently returned to Montreal. Mary I. Crossman (Administration, 1940) has resigned her position as superintendent of the Aberdeen Hospital, New Glasgow, N. S.

Homoeopathic Hospital:

Claire Snasdell-Taylor, Mary MacLean and Phyllis James are now with the R.C.A.M.C. Nursing Service. Phyllis Thompson is taking a postgraduate course in obstetrical nursing at the Lying-In Hospital, Chicago. Alice Gage has resigned her position at the Hospital and is now doing public health nursing with the V.O.N.

QUEBEC CITY:

Jeffery Hale's Hospital:

A tea and presentation was held recently for Miss B. O'Neill and Miss A. S. Humphries, formerly on the hospital staff, who have joined the R.C.A.M.C. Nursing Service. Miss Humphries was replaced as operating room supervisor by Miss N. Fulton, and Miss O'Neill was replaced as supervisor of the men's ward by Miss M. Weldon. Three changes were made in the officers of our Alumnae Association at a recent meeting: Miss Humphries was replaced by Miss M. Jones as second vice-president, and by Miss A. MacDonald as representative to *The Canadian Nurse;* Miss O'Neill was replaced by Miss A. Marsh on the visiting committee.

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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WANTED

Applications are invited for the position of **Ward Teaching Supervisor** in a **School of Nursing** with an average enrolment of 70 students. The School is associated with a 120-bed hospital.

A **Head Nurse**, qualified to assume responsibility for teaching, is required for an **Obstetrical Ward** having a capacity for 25 beds. Applicants should have taken a postgraduate course in obstetrics.

Apply, stating experience and qualifications, to:

Superintendent of Nurses, Homoeopathic Hospital of Montreal, 2100 Marlowe Ave., Montreal, P.Q.

WANTED

Applications are invited for the following positions:

Instructress of Nurses
Clinical Supervisor
Dietitian

Apply, stating age, qualifications, and salary expected, to:

Superintendent of Nurses, St. Joseph's Hospital, Sudbury, Ont.

WANTED

Registered Nurses are required for **General Duty** in an 80-bed General Hospital, with an all graduate staff, in **Southern Ontario.** Eight-hour duty and six-day week. The minimum salary is $70 per month, plus full maintenance, and 2.4% Cost of Living Bonus. Apply in care of:

Box 2, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

A **Public Health Nurse** is required by **North York Township.** The initial annual salary is $1400. Please send full particulars concerning training and experience to:

H. D. Goode, Secretary, Local Board of Health, Willowdale, Ont.

WANTED

A **Clinical Instructress** is required by the **Royal Columbian Hospital.** Duties are to commence on **September 1.** Give full information as to qualifications and experience in first letter. Apply to:

Miss Elizabeth Clark, Superintendent of Nurses, Royal Columbian Hospital, New Westminster, B.C.

WANTED

An **Instructor** is required for the **School of Nursing** of the **Woodstock General Hospital** in **Ontario.** Position is open on **August 1.** Apply, stating qualifications, experience, and salary expected, to the:

Superintendent, Woodstock General Hospital, Woodstock, Ont.

WANTED

An **Instructor** and **General Duty Nurses** are required by the **Woman's General Hospital, Montreal.** These positions are available **immediately.** Full particulars may be obtained from:

Miss Vera Pearson, Superintendent of Nurses, Woman's General Hospital, 4039 Tupper St., Montreal, P. Q.

WANTED

Graduate Nurses are required for **General Duty** in the **Verdun Protestant Hospital for the Treatment of Mental Diseases.** Full maintenance is offered. A full day off duty per week is allowed in addition to 5 hours on Sundays. Single rooms provided in a modern nurses residence. Information regarding salaries obtainable on application.

Nurses who have not previously had the benefit of experience in psychiatric nursing will find an opportunity of observing and taking part in the modern treatment of mental diseases. For further information apply to:

Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, P.Q.

WANTED

The **Vancouver General Hospital** desires applications from Registered Nurses for **General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. **Salary:** $95 per month living out, plus $19.92 Cost of Living Bonus, plus Laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. Apply to:

Miss E. M. Palliser, Principal and Director of Nurses, Vancouver General Hospital, Vancouver, B.C.

WANTED

Applications are invited for the positions of **Instructress of Nurses** and **Operating Room Supervisor** in the **Cornwall General Hospital.** Applicants with experience preferred. Position open on **August 1 or 15.** Apply to the:

Superintendent, Cornwall General Hospital, Cornwall, Ont.

WANTED

A General Duty Nurse is required for 5 months summer relief in the **Operating Room** of the **Children's Memorial Hospital.** Duties to commence at once. The salary is $80 per month, with full maintenance. Eight-hour day and six-day week. Apply to:

Miss D. Parry, Superintendent of Nurses, Children's Memorial Hospital, Montreal, P. Q.

WANTED

Applications are invited for the position of **Night Supervisor** in a 100-bed hospital. Applicants with experience in Obstetrics preferred. The salary is $100 per month, plus full maintenance. Apply to the:

Superintendent of Nurses, Queen Victoria Hospital, Yorkton, Sask.

WANTED

Applications are invited for the following positions in a 200-bed hospital with a School of Nursing:

First Assistant to Operating Room Supervisor
Assistant to Superintendent of Nurses
Night Supervisor
General Duty Nurses

Apply in care of:

Box 1, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.

. . . OFF . . . DUTY . . .

The other day we came across some reflections jotted down by an editor who, like us, was on the eve of giving up his job . . . His nostalgic mood struck a responsive chord . . . and we were comforted to find that he felt very much like we do . . . half way between regret and relief . . . Most editors are morose and solitary individuals . . . who cherish a mortal hatred of sentimental slush . . . but even they like to emulate the swan . . . and to warble a muted melody as they drift downstream for the last time . . . so please bear with us while we indulge in a few more or less mournful numbers . . . We are going to miss a lot of familiar things after we lift "thirty" off the hook . . . empty our wastepaper basket . . . and call it a day . . . For instance, we used to look forward to the arrival of the postman . . . and though we seldom liked everything he brought . . . there was always the chance that we might have landed the advertising contract we had been angling for . . . or the sort of article that nurses are sometimes inspired to sit down and write while it is hot within them . . . Sometimes there would be a nice little clutch of new subscriptions . . . or the blessed "Hamilton cheque" would arrive . . . which more than once saved us from insolvency . . . (In case you don't know, every single member of the Alumnae Association of the Hamilton General Hospital School of Nursing subscribes to the Journal) . . . We are going to miss the cheerful voice of the advertising agency . . . blandly informing us that copy and lay-out will be late . . . and that perhaps they had better cancel that full-page ad which we had fondly hoped would pay our rent . . . Stubborn battles with the printer wore us down a bit but we bear him no grudge . . . In the end he usually got the Journal out with most of its pages right side up . . . and we must admit that we probably made his life miserable now and then with those last-minute changes in the make-up . . . Most of all, we are going to miss the grisly and recurrent crisis of "making the deadline" . . . The departing editor we mentioned above apparently shared this quite illogical frame of mind . . . "Magazines are not found under cabbage leaves in the garden", said he, "but are born with pains" . . . The gentleman was eminently right in using this obstetrical analogy . . . All editors are midwives . . . and must be infinitely patient with the authors whose intellectual travail provides them with the raw material for each succeeding issue . . . a judicious blend of encouragement and flattery will usually do the trick . . . but sometimes a little moral suasion seems to be necessary in order to get the patient to keep on trying . . . Anyway, the whole process has to be repeated twelve times a year . . . and when one arrives at the one hundred and thirty-eighth occasion . . . (that is where we are now) . . . it does seem as though it were time for a change if not a rest . . . Since this is the last time we shall appear under the caption of this irresponsible page . . . we want to thank the gentle readers who said they thought the Journal sometimes had good stuff in it . . . and that they always liked the odd little bit . . . that came just at the end. —E. J.

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Okanagan District

Kamloops-Tranquille Chapter, Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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ONTARIO

Registered Nurses Association of Ontario

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Registered Nurses Association of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

Hon. Pres., Miss A. F. Lawrie; Pres., Miss Dean; Vice-Pres.: Mmes Storey, Arnason; Sec. & Treas., Mrs. D. Shaw, 22 Crescent Annex; Ass. Sec., Miss Taber; *Committees*: *Registry*, Miss Martin; *Program*: Misses Lewis, Cote; *Membership*: Misses Bradley, Philo; *General Nursing*, Miss Reveley; *Hospital & School of Nursing*, Miss Reierson; *Public Health*, Miss Brown; *Finance*, Mrs. Deverelle; *War Services*, Mrs. J. Thompson; *Sick Nurses*: Misses Sweitzer, Duke; *Miss Canada*, Miss Lecours; *Rep.* to *The Canadian Nurse*, Miss A. Rogers

Alumnae Associations

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A.A., Vancouver General Hospital, Vancouver

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MANITOBA

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A.A., Misericordia General Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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